

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P95000041850

1. Entity Name
LEGIT, INC.



Principal Place of Business
943 WASHINGTON AVE

MIAMI BEACH, FL 33139 US

Mailing Address
20080 NW 2ND. AVE.
PEMBROKE PINE, FL 33029 US

**FILED
Apr 25, 2007 08:00 AM
Secretary of State**

DO NOT WRITE IN THIS SPACE

04232007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0585347	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

WILLIAMS, TROVEL A
20080 N.W. 2ND ST.
PEMBROKE PINES, FL 33029

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

U000000731288
05/08/07-30116-010 150.00

10. OFFICERS AND DIRECTORS

TITLE P
NAME WILLIAMS, TROVEL
STREET ADDRESS 20080 NW 2 ST
CITY-ST-ZIP PEMBROKE PINES, FL 33029

TITLE VP
NAME SHOUCAIR, OMAR
STREET ADDRESS 6790 NW 47 PLACE
CITY-ST-ZIP LAUDERHILL, FL 33319

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IN THIS SPACE**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Trovel Williams 4/23/07 954-431-5714

Date

Daytime Phone #