2005 FOR PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # P95000058834 01-20-2005 90033 047 ***150.00 L & C HOME & COMMERCIAL IMPROVEMENTS, INC. Principal Place of Business Mailing Address 11251 NW 4 COURT 11251 NW 4 COURT 20003853 PLANTATION, FL 33325 PLANTATION, FL 33325 US 2. Principal Place of Business 3. Mailing Address Suite, Apt, #, etc. Suite, Apt. #, etc. 01132005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 65-0598268 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CARDOSO, LUIZ <u>Luiz Cardoso</u> Street Address (P.O. Box Number is Not Acceptable) 11760 NW 27 STREET-11251 NW 4th. Court PLANTATION, FL 33323 City Plantation 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 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PTD ☐ Delete TITLE TITLE Change ☐ Addition CARDOSO, LUIZ NAME NAME STREET ADDRESS 11251 NW 4 COURT STREET ADDRESS CITY-ST-ZIP PLANTATION, FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS ٠٠,٠ CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP I hereby certify that the information supplied with this fill indicated on this report or supplemental report is true t qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information Ignature shall have the same legal effect as it made under oath; that I am an officer or director, required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if of the corporation or the receiver or trustee empowers changed, or on an attachment with an address, with and Fire and SIGNATURE: DIRECTOR

FILED

Jan 20, 2005 8:00 am