## **2005 FOR PROFIT CORPORATION ANNUAL REPORT**

## DOCUMENT # P95000091399

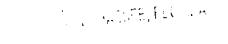
1. Entity Name LHD, INC.

Principal Place of Business

550 BILTMORE WAY **STE 1110** CORAL GABLES, FL 33134 Mailing Address

550 BILTMORE WAY STE 1110 CORAL GABLES, FL 33134

**FILED** Apr 22, 2005 8:00 am Secretary of State





DO NOT WRITE IN THIS SPACE

No Chg-P CR2E034 (10/03) 03152005

4.	FE! Number
	65-0634031

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ROSA ECKSTEIN SCHECHTER, ESQ. 550 BILTMORE WAY **SUITE 1110** CORAL GABLES, FL 33134

## DO NOT WRITE IN THIS SPACE

	<del></del>				
	named entity submits this statement for the poons of registered agent.	ourpose of changing its registered	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signature, typed or printed name of registered agent and title	# sopticable. (NOTE: Registered	Apent signature	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2005 Fee will be \$550.00	Election Campaign Financ Trust Fund Contribution.	• •	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC	CTORS			
TITLE	PD				
NAME	STERN, RODOLFO				
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	VSD				
NAME	HORWITZ, ROBERTO			_	<b></b>
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110			1_	<u> </u>
CITY-ST-ZIP	CORAL GABLES, FL 33134			05/	06/0501005014 **150.00
TITLE	VTD				
NAME	SERVIANSKY, DAVID				
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110			<b>D</b> 0	NOT WOITE
CITY-ST-ZIP	CORAL GABLES, FL 33134			טט	NOT WRITE
TITLE	DV			INI '	THE CDACE
NAME	STERN, EDUARDO			III	THIS SPACE
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	D				
NAME	ECKSTEIN, BERNARD				
STREET ADDRESS	550 BILTMORE WAY, SUITE 1110				
CITY-ST-ZIP	CORAL GABLES, FL 33134				
TITLE	V				
NAME	LANGHOFF, STEVE				
STREET ADDRESS	5800 GRANITE PARKWAY #860		ĺ		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 appearance.

SIGNATURE:

PLANO, TX 75024

CITY-ST-ZIP

Rodolfo Stern

(305) 461-2440

Daytime Phone #