

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90173 006 ***150.00

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**

40034030



DO NOT WRITE IN THIS SPACE

01112006 No Chg-P CR2E034 (11/05)

4. FEI 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

**ECKSTEIN-SCHECHTER, ROSA
550 BILTMORE WAY STE 1110
CORAL GABLES, FL 33134**

**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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME STERN, RODOLFO
STREET ADDRESS 550 BILTMORE WAY, SUITE 1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VSD
NAME HORWITZ, ROBERTO
STREET ADDRESS 550 BILTMORE WAY, SUITE 1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE VTD
NAME SERVANSKY, DAVID
STREET ADDRESS 550 BILTMORE WAY, SUITE 1110
CITY-ST-ZIP CORAL GABLES, FL 33134

TITLE DV
NAME STERN, EDUARDO
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
CITY-ST-ZIP PLANO, TX 75024

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IN THIS SPACE**

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

Rodolfo Stern

4/5/06

(305) 461-2440

Date

Daytime Phone #