

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90076 008 \*\*\*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



01152008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

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, 2008 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 SERVIANSKY, 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

**DO NOT WRITE  
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 filers empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

*Rodolfo Stern* 4-22-08 (305) 461-2440