


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 19, 2007 8:00 am
Secretary of State

01-19-2007 90025 029 ***150.00

DOCUMENT # P96000002379		
1. Entity Name LVS SALES, INC.		

Principal Place of Business 7281 NW 77 ST. MIAMI, FL 33166	Mailing Address 7281 NW 77 ST. MIAMI, FL 33166
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50000746



2. Principal Place of Business - No P.O. Box # <i>7281 NW 77th St</i>		3. Mailing Address <i>7281 N.W. 77th St</i>	
Suite, Apt. #, etc. <i>MIAMI</i>		Suite, Apt. #, etc.	
City & State <i>Miami Florida</i>		City & State <i>Miami Florida</i>	
Zip <i>33166</i>	Country <i>USA</i>	Zip <i>33166</i>	Country <i>USA</i>

01122007 Chg-P CR2E034 (12/06)

4. FEI Number 65-0634772		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent HOFFMAN, CARL H 241 SEVILLA AVE., STE. 900 CORAL GABLES, FL 33134		
7. Name and Address of New Registered Agent Name: <i>Hoffman, Carl H</i> Street Address (P.O. Box Number is Not Acceptable): <i>241 Sevilla Ave. 900</i> City: <i>Coral Gables</i> FL Zip Code: <i>33134</i>		

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. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PT SLOCUM, LOUISE V. 7281 NW 77 ST. MIAMI, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V STORCH, LISA 7281 N.W. 77 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S STORCH, LISA 7281 N.W. 77 STREET MIAMI, FL 33166 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Louise Slocum* *1/17/07 305-889-3464*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #