

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

DO NOT WRITE IN THIS SPACE



07082008 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0634772

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$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

**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, word or printed name of registered agent and their appointee(s)

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE PT
NAME SLOCUM, LOUISE V.
STREET ADDRESS 7281 NW 77 ST.
CITY-ST-ZIP MIAMI, FL

TITLE V
NAME STORCH, LISA
STREET ADDRESS 7281 N.W. 77 STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE S
NAME STORCH, LISA
STREET ADDRESS 7281 N.W. 77 STREET
CITY-ST-ZIP MIAMI, FL 33166

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000953936
07/10/08-80004-011 158.75

**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 like empowered.

SIGNATURE:

Louise V. Storch

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-8-08

Date

Daytime Phone #

305-889-3464