

2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED
May 16, 2008 8:00 am
Secretary of State**

05-16-2008 90024 047 ***150.00



DOCUMENT # P97000057229			
1. Entity Name PLC LINCOLN ROAD VENTURES, INC.		05-16-2008 90024 047 ***150.00	
Principal Place of Business 420 LINCOLN RD. SUITE 330 MIAMI BEACH, FL 33139 US		Mailing Address 420 LINCOLN RD. SUITE 330 MIAMI BEACH, FL 33139 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent PLC INVESTMENTS INC 420 LINCOLN RD SUITE 330 MIAMI BEACH, FL 33139		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>			
<small>(NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
SD MONTERO, HILDA C 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
PDT CEJAS, PAUL 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV CEJAS, GERTIE 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139		<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
DV RODRIGUEZ, SANDRA 420 LINCOLN ROAD, SUITE 330 MIAMI BEACH, FL 33139		<input checked="" 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <i>Hilda C. Montero, Secretary</i> <small>PRINT, TYPE OR TIPED OR REDACTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		4/29/08 305-531-5220 <small>Daytime Phone #</small>	