

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90023 037 \*\*\*150.00

**DOCUMENT # P97000058215**

1. Entity Name  
**L & Q MARKETING GROUP, INC.**



Principal Place of Business  
**973 AZURE LANE  
FORT LAUDERDALE, FL 33326**

Mailing Address  
**PO BOX 266426  
WESTON, FL 33326**

4000000



2. Principal Place of Business - No P.O. Box #  
**973 AZURE LANE**

3. Mailing Address  
Suite, Apt. #, etc.  
City & State  
**Weston FL**  
Zip  
**33326** Country  
**USA**

04032008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  
**EDGAR LUNA  
745 SW 146 AVE APT 803  
SUNRISE, FL 33325**

7. Name and Address of New Registered Agent  
Name  
**EDGAR LUNA**  
Street Address (P.O. Box Number is Not Acceptable)  
**973 AZURE lane**  
City  
**Weston** FL Zip Code  
**33326**

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]* **Edgar LUNA** DATE **04/03/08**

**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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P LUNA EDGAR 973 AZURE LANE WESTON, FL 33326</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P. LUNA EDGAR 973 AZURE LANE, WESTON FL 33326</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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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: *[Signature]* **Edgar LUNA** DATE **04/03/08** 954-389-4533