

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000076915

1. Entity Name
LTX SERVICES, INC.



Principal Place of Business
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134

Mailing Address
550 BILTMORE WAY
SUITE 1110
CORAL GABLES, FL 33134

FILED
Apr 19, 2004 08:00 AM
Secretary of State



02172004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0867317

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

SCHecter, ROSA E ESQ
550 BILTMORE WAY SUITE 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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PDC
STERN, RODOLFO
550 BILTMORE WAY, STE. 1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VSD
HORWITZ, ROBERTO
550 BILTMORE WAY, STE. 1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VTD
SERVIANSKY, DAVID
550 BILTMORE WAY, STE. 1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
VD
STERN, EDUARDO
550 BILTMORE WAY, STE. 1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
D
ECKSTEIN, BERNARD
550 BILTMORE WAY, STE. 1110
CORAL GABLES, FL 33134

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

000000119116
04/19/04-80086-016 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 empowers.

SIGNATURE:

Rodolfo Stern 4-15-04 (305) 461-3190

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #