

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 22, 2005 8:00 am**  
**Secretary of State**

**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**

**DO NOT WRITE IN THIS SPACE**



03152005 No Chg-P CR2E034 (10/03)

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**

**ROSA ECKSTEIN SCHECHTER, 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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

|                                                    |                                                                                   |
|----------------------------------------------------|-----------------------------------------------------------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | PDC<br>STERN, RODOLFO<br>550 BILTMORE WAY, STE. 1110<br>CORAL GABLES, FL 33134    |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VSD<br>HORWITZ, ROBERTO<br>550 BILTMORE WAY, STE. 1110<br>CORAL GABLES, FL 33134  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VTD<br>SERVIANSKY, DAVID<br>550 BILTMORE WAY, STE. 1110<br>CORAL GABLES, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | VD<br>STERN, EDUARDO<br>550 BILTMORE WAY, STE. 1110<br>CORAL GABLES, FL 33134     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>ECKSTEIN, BERNARD<br>550 BILTMORE WAY, STE. 1110<br>CORAL GABLES, FL 33134   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |                                                                                   |

**400053932164**  
05/06/05--01005--023 \*\*150.00

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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 empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**Rodolfo Stern**

**4/15/05**

**(305) 461-2440**

Date

Daytime Phone #