

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 15, 2005 8:00 am**  
**Secretary of State**

04-15-2005 90074 037 \*\*\*150.00

DOCUMENT # P97000086052

1. Entity Name

L. F. SIGNS CORPORATION



Principal Place of Business

2430 NW 36TH ST.  
MIAMI, FL 33142

Mailing Address

2430 NW 36TH ST.  
MIAMI, FL 33142

**DO NOT WRITE IN THIS SPACE**



04062005

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4. FEI Number

65-0786115

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75**

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6. Name and Address of Current Registered Agent

FRIAS, LUIS  
2430 NW 36TH ST.  
MIAMI, FL 33142

**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.

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**\$5.00** 000000  
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10. OFFICERS AND DIRECTORS

TITLE PD  
NAME FRIAS, LUIS  
STREET ADDRESS 2430 NW 36TH ST.  
CITY-ST-ZIP MIAMI, FL 33142

TITLE  
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STREET ADDRESS  
CITY-ST-ZIP

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

LUIS FRIAS  
PD

04-11-05