

DOCUMENT # P97000100703

1. Entity Name

L.S.P. Group, Inc.

Principal Place of Business

12104 SW 103 St.
Miami FL 33186

Mailing Address

12104 SW 103 St.
Miami, FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

FEI Number

65-0797020

Applied for

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAMARCHE, LUIS-CARLOS
12104 S.W. 103 ST.
MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

(If DIF Registered Agent, signature required when revocating)

DATE

9. This corporation is eligible to satisfy its intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NO VIII FEE IS \$150.00
After MAY 1, 2001 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> Delete
NAME	LAMARCHE, LUISCC	
STREET ADDRESS	12104 sw 103 st	
CITY-ST-ZIP	MIAMI FL 33186	
TITLE	DVS	<input type="checkbox"/> Delete
NAME	SOSA, MANUEL	
STREET ADDRESS	12104 sw 103 st.	
CITY-ST-ZIP	MIAMI, FL 33186	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. 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 of the corporation; and that my name appears in Block 11 or Block 12 if charged, or on an attachment with an address with a former like employment.

SIGNATURE:

SIGNATURE (AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)

10/09/2002 (305)591-9777

DATE

DAYTIME PHONE

CR2E034 (11/00)

L.S.P. GROUP, Inc.

Division of Corporation
Tallahassee, FL 32302

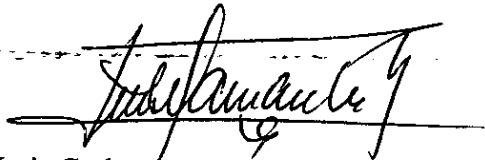
Re: Document P97000100703 Annual Business Report 2002

To Whom It May Concern:

We are sending a filled out blank annual report to your department because we never received the original report. Please accept our apologies and this \$150.00 filing fee. We apologize for any inconvenience this may have caused. Our office never meant to send the report late. In the future we will send it on time. Please let us know if you need anything else, in order to file this report as soon as possible.

Thank you very much for your cooperation. If you have any questions please feel free to contact me at (305) 591-9777

Sincerely,

A handwritten signature in black ink, appearing to read "Luis Carlos Lamarche", is written over a horizontal line.

Luis Carlos Lamarche
LSP Group, Inc.