

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Sep 05, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P97000103043**

1. Entity Name  
**L.D. ENTERPRISES OF SOUTH FLORIDA, INC.**



Principal Place of Business      Mailing Address  
**1500 E. COMMERCIAL BLVD      36 BOXBERGER RD C/O DUMAIN**  
**FORT LAUDERDALE, FL 33334 US      PINE BUSH, NY 12566 US**



07062006      No Chg-P      CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>58-2362044</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**HANDIN, GARY I**  
**3111 UNIVERSITY DRIVE #404**  
**CORAL SPRINGS, FL 33065**

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution.      ☐ **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE	<b>P</b>
NAME	<b>DUMAIN, LAWRENCE</b>
STREET ADDRESS	<b>36 BOXBERGER RD</b>
CITY-ST-ZIP	<b>PINE BUSH, NY 12566</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
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CITY-ST-ZIP	

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09/05/06-80005-014 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the 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:** *L.D. DUMAIN*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/30/06      845-361-2243  
Date      Daytime Phone #