

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2006 8:00 am
Secretary of State

06-02-2006 90003 012 ***158.75

DOCUMENT # P97000104952

1. Entity Name
L. D. S. TRANSPORTATION REPAIR SERVICE, INC.



Principal Place of Business Mailing Address
P. O. BOX 21625 P. O. BOX 21625
W. PALM BEACH, FL 33416 W. PALM BEACH, FL 33416

50020439



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

05122006 Chg-P CR2E034 (11/05)

4. FEI Number 65-0801968 Applied For Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, ROBERT
1416 RANCE CT.
W. PALM BEACH, FL 33415

7. Name and Address of New Registered Agent

Name **LAZARO SALDANA**
Street Address (P.O. Box Number is Not Acceptable)

180 S. Palm Villas Way
City **Palm Springs** / **FL** Zip Code **33461**

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 \$550.00
Due by September 6, 2006

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **SALDANA, LAZARO**
STREET ADDRESS **1416 HOLIDAY AVE.**
CITY-ST-ZIP **W. PALM BEACH, FL 33415** **180 S. Palm Villas Way P. Springs FL 33461**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Delete
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STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

05-28-06 (561) 541-0112
Date Daytime Phone #

50020439
ATTACHMENT # P97000104952

LAZARO SALDANA 180 S PALM VILLAS WAY WEST PALM BEACH, FL 33461		741
04-24-08 Date		63-1114/670
Pay to the Order of	FLORIDA DEPARTMENT OF STATE	\$158. ⁵⁰ / ₁₀₀
one hundred fifty eight and 50/100		Dollars
RIVERSIDE NATIONAL BANK Our heart is in everything we do Riverside National Bank Of Florida Lake Worth Office 041		Security Features Details on Back
For ANNUAL P97000104952		MP
⑆067011142⑆ 41004051708⑈ 0741		

* DO NOT SEND A CHECK WITH THE POSTCARD, IT WILL DELAY PROCESSING. *

OPTION 3 - **Receive a form by mail** - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

Document # **P97000104952**

L. D. S. TRANSPORTATION REPAIR SERVICE, INC.
P. O. BOX 21625
W. PALM BEACH FL 33418-1625



CR2E095 - 1st 10/05