


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 25, 2007 08:00 AM
Secretary of State

DOCUMENT # P98000022541

1. Entity Name
L.H. MOVING SERVICES, INC.



Principal Place of Business Mailing Address

**2247 N.W. 95TH ST.
 MIAMI, FL 33147** **2247 N.W. 95TH ST.
 MIAMI, FL 33147**



01152007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
52-2116412 Not Applicable

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

6. Name and Address of Current Registered Agent

**HARRELL, LOUIS JR
 2247 NW 95TH STREET
 MIAMI, FL 33147**

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

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	HARRELL, LOUIS
STREET ADDRESS	2247 N.W. 95TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	MS
NAME	SALTERS, SHEILA H
STREET ADDRESS	13001 NW 12TH STREET
CITY-ST-ZIP	PEMBROOK, FL 33028
TITLE	S
NAME	HARRELL, SHEKEITA G
STREET ADDRESS	2247 NW 95TH STREET
CITY-ST-ZIP	MIAMI, FL 33147
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 01/29/07-80015-007 150.00

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: *Louis Harrell* Date: 1-27-07 Daytime Phone #: 304-966-719

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR