


02-25-2005 90147 020 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000085621

1. Entity Name
L C R COMMUNICATIONS INC.



Principal Place of Business
2100 WEST 76TH STREET #412 HIALEAH, FL 33016

Mailing Address
2100 WEST 76TH STREET #412 HIALEAH, FL 33016

2. Principal Place of Business
1304 SW 160th Ave

3. Mailing Address
SAME

Suite, Apt. #, etc.
234 A

Suite, Apt. #, etc.
 (blank)

City & State
WESTON

City & State
 (blank)

Zip
33326

Country
USA

Zip
 (blank)

Country
 (blank)



01262005 Chg-P CF2E034 (1/1/05)

4. FEI Number
65-0868073

Applied For:
 Not Applicable

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

8. Name and Address of Current Registered Agent

OWEN, CLAUDIA A
2100 WEST 76 STREET SUITE 412 HIALEAH, FL 33016

7. Name and Address of New Registered Agent

Name
OWEN CLAUDIA

Street Address (P.O. Box Number is Not Acceptable)
1304 SW 160th Ave #234A

City
WESTON

FL. Zip Code
33326

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 *Claudia* **02/21/05**

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

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE PD	<input type="checkbox"/> Delete	TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME OWEN, CLAUDIA		NAME OWEN CLAUDIA	
STREET ADDRESS 2195 CHARLESTONE		STREET ADDRESS 1771 PASSION VINE CIR	
CITY- ST- ZIP WESTON, FL 33326		CITY- ST- ZIP WESTON FL 33326	
TITLE VP	<input type="checkbox"/> Delete	TITLE VP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FORERO, RICARDO		NAME FORERO RICARDO	
STREET ADDRESS 2195 CHARLESTONE		STREET ADDRESS 1771 PASSION VINE CIR	
CITY- ST- ZIP WESTON, FL 33326		CITY- ST- ZIP WESTON FL 33326	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY- ST- ZIP		CITY- ST- ZIP	

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: *Claudia* **02/21/05**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE