

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 24, 2006 08:00 AM  
Secretary of State

DOCUMENT# P98000089050

1. Entity Name  
LEMON GRASS INDUSTRIES, INC.



Principal Place of Business  
4171 W HILLSBORO BLVD  
#2  
COCONUT CREEK, FL 33073

Mailing Address  
4171 W HILLSBORO BLVD  
#2  
COCONUT CREEK, FL 33073



03102006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number  
59-3537608

Applied For  
Not Applicable

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

6. Name and Address of Current Registered Agent

SHAPIRO & DECTOR, P.A.  
7777 GLADES ROAD  
SUITE 200  
BOCA RATON, FL 33434

DO NOT WRITE  
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

*Frances Cascio*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/19/06

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME CASCIO, SUZETTE  
STREET ADDRESS 4147 W HILLSBORO BLVD #2  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE D  
NAME CASCIO, FRANCES  
STREET ADDRESS 4171 W HILLSBORO BLVD #2  
CITY-ST-ZIP COCONUT CREEK, FL 33073

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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NAME  
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CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000527185  
05/04/06-80103-012 150.00

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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:

*Frances Cascio*

FRANCES CASCIO

4/19/06

954-418-6110

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #