2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Mar 24, 2009
Secretary of State

DOCUMENT# P98000089371

Entity Name: L.M.C.A., INC.

Current Principal Place of Business:

4416 ARECA PALM DR
FORT PIERCE, FL 349826881

New Principal Place of Business:

Current Mailing Address:

4416 ARECA PALM DR
FORT PIERCE, FL 349826881

New Mailing Address:

FEI Number: 65-0784542 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JEAN, JEAN C
161 SW MEAD CIRCLE
PORT ST LUCIE, FL 34953 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: DPS ( ) Delete
Name: JEAN, JEAN C
Address: 161 SW MEAD CIRCLE
City-St-Zip: PORT ST LUCIE, FL 34953

Title: VP ( ) Delete
Name: LEGROS, MICHELE
Address: 9913 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

Title: CFO ( ) Delete
Name: BUTEAU, BERTRAND
Address: 9913 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

Title: DIR ( ) Delete
Name: LEGROS, FRANTZ
Address: 9913 SW 117 COURT
City-St-Zip: MIAMI, FL 33186

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JEAN C. JEAN DPS 03/24/2009

Electronic Signature of Signing Officer or Director Date