

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104601

Entity Name: LTKT, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

3711 SW 47TH AVE, SUITE 204
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

3711 SW 47TH AVE, SUITE 204
DAVIE, FL 33314

New Mailing Address:

FEI Number: 65-0898349

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLORIDA REGISTERED AGENTS, INC
2699 STIRLING RD
A-201
FT LAUDERDALE, FL 33312 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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LASKO, SAM MR
Address: 3711 SW 47TH AVE, SUITE 204
City-St-Zip: DAVIE, FL 33314

Title: DVP () Delete
Name: LASKO, ARLENE MRS
Address: 3711 SW 47TH AVE, SUITE 204
City-St-Zip: DAVIE, FL 33314

Title: DVC (X) Delete
Name: GLEASON, KEVIN C
Address: 2699 STIRLING RD SUITE A-201
City-St-Zip: FT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: LASKO, SAMUEL W MR
Address: 3711 SW 47TH AVE, SUITE 204
City-St-Zip: DAVIE, FL 33314

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 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 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: SAMUEL LASKO

DP

04/30/2004

Electronic Signature of Signing Officer or Director

Date