


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 04, 2004 08:00 AM
Secretary of State

DOCUMENT # S68499		
1. Entity Name LVS, INC.		
Principal Place of Business 3773 CENTRAL AVENUE SUITE A-525 ST. PETERSBURG, FL 33713	Mailing Address 3773 CENTRAL AVENUE SUITE A525 ST. PETERSBURG, FL 33713 US	
DO NOT WRITE IN THIS SPACE		



01212004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3074246	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WINEBRENNER, J.M.
 3773 CENTRAL AVENUE
 ST. PETERSBURG, FL 33713

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

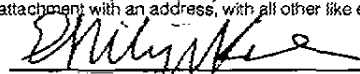
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LILIMPAKIS, EMMANUEL 47 LONGVIEW ROAD WADING RIVER, NY
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 02/05/04-80054-002 158.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:  **Emmanuel Lilimpakis** **2/2/04** **727/327-1202**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #