2008 FOR PROFIT CORPORATION

FILED Apr 25, 2008 8:00 am Secretary of State **ANNUAL REPORT (AR)** DOCUMENT # S95176 1. Entity Name 04-25-2008 90120 004 ***150.00 L.S.L. INVESTMENTS, INC. Principal Place of Business Mailing Address 581, BOUE HEROADA, SEE THE NEW P.O. BOX 85121 HALLANDALE FL 33008 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 499 East Sheridan st <u> P.O. BOX 85121</u> Suité, Ápt. #. etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/07) 319 City & State City & State Hallandale 4. FEI Number Applied For 65-0294106 Dania Beach Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired US 33004 Florida 3008-512 Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent THE NEW BUSINESS ADRESS ST LAURENT, LISE Street Address (P.O. Box Number is Not Acceptable) **581 BLUE HERON DR** 499, east Sheridan street UNITE B-106 HALLANDALE FL 33009 SUITE 319 City Dania Beach 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typod or granted manns of registrated agent and later-tumplicacio. (NOTE: Registered Agent eigneture required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME ST LAURENT, LISE NAME STREET ADDRESS P.O. BOX 85121 STREET ADDRESS CITY-ST-ZIP HALLANDALE FL 33008-5121 CITY-ST-ZIP TITLE ☐ Derete ☐ Change Addition NAME HAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP THE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIE CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE LISE ST. LAURENT ☐ Change Addition NAME MAME P.O. BOX 85121 STREET ADDRESS STREET ADDRESS HALLANDALE, FL CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and acclude 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 of 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 channeld, or on an attachment with an address with all other like empowered.

SIGNATURE: Mask

au/worl SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR