


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 16, 2008 8:00 am
Secretary of State

05-16-2008 90026 041 ***150.00

DOCUMENT # V48810 1. Entity Name LRE, INC.																																						
Principal Place of Business 13001 N.E. 14 AVE. NORTH MIAMI, FL 33161		Mailing Address 13001 N.E. 14 AVE. NORTH MIAMI, FL 33161																																				
2. Principal Place of Business - No P.O. Box # 6187 NW 167 St	3. Mailing Address 6187 NW 167 St																																					
Suite, Apt. #, etc. Unit H-10	Suite, Apt. #, etc. Unit H-10																																					
City & State Miami FL	City & State Miami FL																																					
Zip 33015	Country ME	Zip 33015																																				
6. Name and Address of Current Registered Agent RYDER, ILENE 13001 N.E. 14 AVE. NORTH MIAMI, FL 33161		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 6187 NW 167 Street Unit H-10 City Miami FL Zip Code 33015																																				
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																																						
DATE _____																																						
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																				
<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left; padding: 2px;">10. OFFICERS AND DIRECTORS</th> <th colspan="2" style="text-align: left; padding: 2px;">11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</th> </tr> <tr> <td style="width: 30%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 70%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> P RYDER, ILENE <input type="checkbox"/> Delete </div> 13001 N.E. 14 AVE. NORTH MIAMI, FL </td> <td style="width: 30%; padding: 2px;"> <div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div> </td> <td style="width: 70%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP 6187 NW 167 Street Miami FL 33015 </td> </tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> <tr><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td><td style="padding: 2px;"></td></tr> </table>			10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="display: flex; justify-content: space-between;"> P RYDER, ILENE <input type="checkbox"/> Delete </div> 13001 N.E. 14 AVE. NORTH MIAMI, FL	<div style="display: flex; justify-content: space-between;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition </div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP 6187 NW 167 Street Miami FL 33015																												
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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: <u>Lee Ryder LEE RYDER</u> 4-25-08 305-893-2762 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>																																						



04282008 Chg-P CR2E034 (12/06)

4. FEI Number
65-0345271

Applied For
Not Applicable

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