

2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# M04678

Entity Name: LOTSPEICH COMPANY, INC.**Current Principal Place of Business:**16101 NW 54 AVE
MIAMI, FL 33014**Current Mailing Address:**16101 NW 54 AVE
MIAMI, FL 33014**FEI Number:** 59-2793728**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MASSON, SCOTT DP
16101 NW 54 AVE
MIAMI, FL 33014 US*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**Officer/Director Detail :**

Title	CHAIRMAN, DIRECTOR, SECRETARY, TREASURER
Name	PETRICONE, JULIE
Address	16101 NW 54 AVE
City-State-Zip:	MIAMI FL 33014

Title	VP
Name	GORDON, CRAIG
Address	16101 NW 54TH AVE.
City-State-Zip:	MIAMI FL 33014

Title	VP
Name	LAWSON, DON
Address	16101 NW 54TH AVE
City-State-Zip:	MIAMI FL 33014

Title	DIRECTOR, PRESIDENT
Name	MASSON, SCOTT
Address	16101 NW 54 AVE
City-State-Zip:	MIAMI FL 33014

Title	VP
Name	RIERA, JOAQUIN
Address	16101 NW 54TH AVE
City-State-Zip:	MIAMI FL 33014

Title	CFO
Name	WHEELER, LAWRENCE H
Address	16101 NW 54TH AVE
City-State-Zip:	MIAMI FL 33014

I hereby 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 all other like empowered.

SIGNATURE: LAWRENCE H WHEELER**CFO****01/09/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date