

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # P03000138064**

1. Entity Name  
**LIA INTERNATIONAL CORPORATION**



Principal Place of Business      Mailing Address

**5930 NW 99 AVENUE**      **5930 NW 99 AVENUE**  
**B-7**      **B-7**  
**DORAL, FL 33178**      **DORAL, FL 33178**



01092006    No Chg-P    CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number      Applied For  
**20-0269759**      Not Applicable

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

5. Name and Address of Current Registered Agent

**PINTO, ANA M**  
**5930 NW 99 AVENUE**  
**B-7**  
**DORAL, FL 33178**

**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: *[Signature]*      DATE: **01/11/06**

Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PSD
NAME	PINTO, ANA M
STREET ADDRESS	5930 NW 99 AVENUE, UNIT B-7
CITY - ST - ZIP	DORAL, FL 33178
TITLE	VPDT
NAME	PINTO, DAVID A
STREET ADDRESS	5930 NW 99 AVENUE, UNIT B-7
CITY - ST - ZIP	DORAL, FL 33178
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE IN THIS SPACE**

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 01/19/06-80042-001 150.00

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: *[Signature]*      DATE: **01/11/06**      DAYTIME PHONE #: **(305) 5979898**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR