
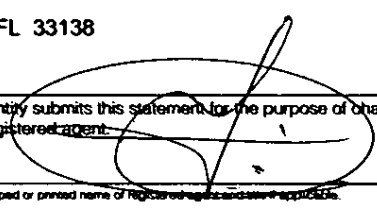
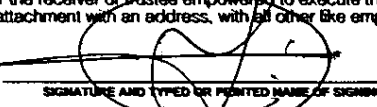


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 04, 2007 8:00 am
Secretary of State

04-04-2007 90187 021 ***150.00

DOCUMENT # P06000155535			
1. Entity Name L & M SYSTEMS USA INC.			
Principal Place of Business 820 NE 86TH STREET 3 MIAMI SHORES, FL 33138		Mailing Address 820 NE 86TH STREET 3 MIAMI SHORES, FL 33138	
2. Principal Place of Business - No P.O. Box # 1304 NE 191 ST. Suite, Apt. #, etc. 326 City & State Miami Zip 33179 Country FL.		3. Mailing Address 1304 NE 191 ST. Suite, Apt. #, etc. 326 City & State Miami Zip 33179 Country FL.	
4. FEI Number 208087777		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PRARIZZI, LEANDRO A 820 NE 86TH STREET 3 MIAMI SHORES, FL 33138		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 03/23/07	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P NAME GIL, LUZ G STREET ADDRESS 1304 NE 191 ST #326 CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE P NAME LEANDRO PRARIZZI STREET ADDRESS 1304 NE 191 ST. #326, MIAMI, FL. 33179	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VP NAME LEADRO, PRARIZZI STREET ADDRESS 1304 NE 191 ST #326 CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE VP NAME ROQUE HERRERA STREET ADDRESS 1304 NE 191 ST. #326, MIAMI, FL. 33179	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ROQUE, HERRERA E STREET ADDRESS 1304 NE 191 ST #326 CITY-ST-ZIP MIAMI, FL 33179	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		DATE 03/23/07	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	