

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P97000090472

FILED
Mar 26, 2003
Secretary of State

Entity Name: LIBBY INC.

Current Principal Place of Business:

9809 NW 80TH AVE
9E
HIALEAH GARDENS, FL 33016

New Principal Place of Business:

Current Mailing Address:

PO BOX 221983
HOLLYWOOD, FL 33022

New Mailing Address:

FEI Number: 65-0788582 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARRIOS, LUIS
4341 NW 167 TERR
MIAMI, FL 33055 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: BARRIOS, LUIS
Address: 3801 S OCEAN DR, #14R
City-St-Zip: HOLLYWOOD, FL 33019

Title: STD () Delete
Name: BARRIOS, MARIA
Address: 3801 S OCEAN DR, #14R
City-St-Zip: HOLLYWOOD, FL 33019

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: BARRIOS, LUIS
Address: 4341 NW 167 TERRACE
City-St-Zip: MIAMI, FL 33055 US

Title: STD (X) Change () Addition
Name: BARRIOS, MARIA
Address: 4341 NW 167 TERRACE
City-St-Zip: MIAMI, FL 33055 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS BARRIOS

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03/26/2003

_____ Electronic Signature of Signing Officer or Director

_____ Date