

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # 337381</b> 1. Entity Name <b>LIBORIO SPICES AND PRODUCTS INC</b>				  <div style="text-align: right;">             FILED              06 MAR 28 PM 2: 15              SECRETARY OF STATE              TALLAHASSEE, FLORIDA  </div>	
Principal Place of Business <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>		Mailing Address <b>2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>			
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address  Suite, Apt. #, etc.		02282006      Chg-P      CR2E034 (11/05)	
City & State  Zip		City & State  Zip		4. FEI Number <b>59-1266132</b>	
Country		Country		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>FLORIDA ANNUAL REPORT SERVICES INC 2300 CORAL WAY SUITE 200 MIAMI, FL 33145</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>TOJEIRO, JAIMIE JR</b> <b>3080 SW 111 AVENUE</b> <b>MIAMI, FL 33165</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TOJEIRO, JAIME JR</b> <b>13050 SW 197th Street</b> <b>Miami, FL 33177</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS</b> <b>IGLESIAS, MARGARITA</b> <b>9333 SW 144 PLACE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>600069395106</b> <b>04/04/06--01028--006 **158.75</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>IGLESIAS, VICENTE</b> <b>9333 SW 144 PLACE</b> <b>MIAMI, FL 33186</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: center; font-size: 2em;">   <b>3/3/28</b> </div>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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.					
<b>SIGNATURE:</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			<b>3.3.06 305856-0056</b> Date      Daytime Phone #		
<b>JAIME TOJEIRO</b>					