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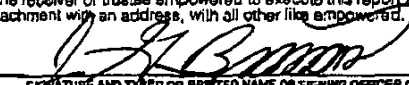
SCHEINKMAN

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90239 050 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

14008751

DOCUMENT # 272981					
1. Entity Name LR ALLIANCE MANUFACTURING, INC.					
Principal Place of Business 4730 NORTHWEST 128 ST RD OPA LOCKA, FL 33054			Mailing Address 4730 NORTHWEST 128 ST RD OPA LOCKA, FL 33054		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 59-1025285	
				Applied For Not Applicable	
				5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
KELLEY, CHRISTOPHER P. 11098 BISCAYNE BLVD 205 MIAMI, FL 33138			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 _____ (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution, ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	VP	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRANAM, JOE H JR		NAME		
STREET ADDRESS	42 STAR ISLAND		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI BEACH, FL 33139		CITY-STATE-ZIP		
TITLE	PD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRANAM, JEFFREY		NAME		
STREET ADDRESS	42 STAR ISLAND		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI BCH, FL		CITY-STATE-ZIP		
TITLE	CEOC	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRANAM, JEANNETTE		NAME		
STREET ADDRESS	42 STAR ISLAND		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI BEACH, FL		CITY-STATE-ZIP		
TITLE	STD	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	BRANAM, JEANNETTE		NAME		
STREET ADDRESS	42 STAR ISLAND		STREET ADDRESS		
CITY-STATE-ZIP	MIAMI BEACH, FL		CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-STATE-ZIP			CITY-STATE-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 			4/28/05 (305) 685-8231		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		