


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 05, 2007 8:00 am**  
**Secretary of State**

02-05-2007 90120 002 \*\*\*150.00

<b>DOCUMENT # 646997</b> 1. Entity Name <b>LBS ENGINEERING, INC.</b>					
Principal Place of Business <b>1320 LINCOLN STREET HOLLYWOOD, FL 33019</b>			Mailing Address <b>1320 LINCOLN STREET HOLLYWOOD, FL 33019</b>		
2. Principal Place of Business - No P.O. Box # <b>3951 N. PARK RD.</b>		3. Mailing Address <b>3951 N. PARK RD.</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD, FL</b>		City & State <b>HOLLYWOOD, FL</b>		4. FEI Number <b>59-1967792</b>	
Zip <b>33021</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>BURICK, STEVEN 1320 LINCOLN STREET HOLLYWOOD, FL 33019</b>			7. Name and Address of New Registered Agent Name <b>STEVEN BURICK</b> Street Address (P.O. Box Number is Not Acceptable) <b>3951 N. PARK RD.</b> City <b>HOLLYWOOD, FL</b> Zip Code <b>33021</b>		
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 <u>Steven Burick</u> <b>STEVEN BURICK</b> <span style="float: right;">1/27/07</span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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	PD BURICK, STEVEN 1320 LINCOLN ST. HOLLYWOOD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST BURICK, WALLY GWENN 1320 LINCOLN ST HOLLYWOOD, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	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: <u>Steven Burick</u> <b>STEVEN BURICK</b></b>			<b>1/27/07 954-920-1584</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

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