2005 FOR PROFIT CORPORATION

Apr 02, 2005 08:00 AM Secretary of State **ANNUAL REPORT DOCUMENT # F02000005648** ZOFlorin LRB HOLDINGS NJ. INC. Principal Place of Business Mailing Address 1301 WEST NEWPORT CENTER DRIVE 1301 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 DEERFIELD BEACH, FL 33442 03302005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. EEI Number 22-3398952 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent BROWNE, ROBERT J DO NOT WRITE 1301 WEST NEWPORT CENTER DRIVE DEERFIELD BEACH, FL 33442 IN THIS SPACE 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) DATE \$5.00 May Be 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS 10. Ρ TITLE NAME BROWNE, LISA M 1301 WEST NEWPORT CENTER DRIVE STREET ADDRESS U00000285556 04/02/05-80050-011 150.00 CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE BROWNE, ROBERT J NAME 1301 WEST NEWPORT CENTER DRIVE STREET ADDRESS CITY-ST-ZIP DEERFIELD BEACH, FL 33442 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify 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 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

WE OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED