


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 26, 2007 08:00 AM  
Secretary of State

DOCUMENT # F57298			
1. Entity Name L.B.R. ENTERPRISES, INC.		Principal Place of Business 3038 N. FEDERAL HWY BUILDING J FT. LAUDERDALE FL 33306 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address BOX 5272 FT. LAUDERDALE FL 33310 US	
Suite, Apt #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent  BARRY GELFAND 3741 NE 16TH TERRACE OAKLAND PARK FL 33334		7. Name and Address of New Registered Agent 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 reinstalling)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee Will Be \$550.00 Make Check Payable to Florida Department of State		9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. <input type="checkbox"/> Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P BARRY GELFAND 3741 NE 16TH TERRACE OAKLAND PARK FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 000000646301 03/06/07-80048-024 150.00
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
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1st MOORE CR2E034 (10/06)

4. FEI Number 59-2176550 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstalling)

DATE

FILE NOW!!! FEE IS \$150.00  
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Make Check Payable to Florida Department of State

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10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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.

SIGNATURE: Barry Gelfand BARRY GELFAND 2/23/07 (954) 565-6521  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #