2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F72455

1. Entity Name

L. & B. INVESTMENTS CORP.



Mailing Address

2357 SW 9TH STREET APARTMENT # 9 MIAMI, FL 33135 US

Principal Place of Business

2357 SW 9TH STREET APARTMENT 12 MIAMI, FL 33135 U

FILED Feb 22, 2007 8:00 am Secretary of State

02-22-2007 90019 047 ***150.00



DO NOT WRITE IN THIS SPACE

02082007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0094993

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LOPEZ, JUAN R 2357 SW 9TH STREET APARTMENT # 9 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33135 9				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						
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Trust Fund Contrib	n Financing	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LOPEZ, JUAN R 2357 SW 9TH STREET APT. 29 MIAMI, FL 33135					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			i			
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO NOT WRITE IN THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE						

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.

SIGNATURE: _

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

SMATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/6/07 186-486-215 Date Prone 2