

2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 25, 2005 8:00 am
Secretary of State

04-25-2005 90237 003 ***150.00

DOCUMENT # F96000002677

1. Entity Name

LBi DE MIAMI, INC.



Principal Place of Business

20801 NORDHOFF ST
CHATSWORTH CA 91311

Mailing Address

20801 NORDHOFF ST
CHATSWORTH CA 91311

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

13-2573695

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required



1st MOORE

CR2E034 (10/04)

6. Name and Address of Current Registered Agent

FUENTES, MARLENE
7311 NW 12TH ST
MIAMI FL 33122

7. Name and Address of New Registered Agent

Name

FRANK MARMELEJOS

Street Address (P.O. Box Number is Not Acceptable)

11451 N.W. 34th Street

City

MIAMI

FL

Zip Code

33178

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

FRANK MARMELEJOS

4-18-05

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2005 Fee Will Be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE C ☐ Delete
NAME LEHREN, SHELDON H
STREET ADDRESS 20801 NORDHOFF ST
CITY-ST-ZIP CHATSWORTH CA 91311

TITLE VC ☐ Delete
NAME LEHREN, KEITH M
STREET ADDRESS 20801 NORDHOFF ST
CITY-ST-ZIP CHATSWORTH CA 91311

TITLE S ☐ Delete
NAME LEHREN, CHETT
STREET ADDRESS 20801 NORDHOFF ST
CITY-ST-ZIP CHATSWORTH CA 91311

TITLE CFO ☐ Delete
NAME SHOWERS, CHARLES A
STREET ADDRESS 20801 NORDHOFF ST
CITY-ST-ZIP CHATSWORTH CA 91311

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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.

SIGNATURE:

Charles A. Showers CFO Charles A. Showers

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-18-05

Date

818-407-1890

Daytime Phone #