2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am **Secretary of State** DOCUMENT # G59202 02-16-2006 90063 045 ***150.00 1. Entity Name LIRO INTERNATIONAL, INC. Principal Place of Business Mailing Address 40012120 % FELIPE LI 13930 LAKE SUCCESS PL. MIAMI LAKES FL 33014 % FELIPE LI 13930 LAKE SUCCESS PL. MIAMI LAKES FL 33014 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) 4. FEI Number City & State City & State Applied For 59-2338207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent LI, FELIPE Street Address (P.O. Box Number is Not Acceptable) 13930 LAKE SUCCESS PL. MIAMI LAKES FL 33014 City 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 reinstaling) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PD ☐ Detete TITLE ☐ Change Addition LI, FELIPE NAME STREET ADDRESS 13930 LAKE SUCCESS PLACE STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 00000 CITY-ST-ZIP TITLE S ☐ Delete TITLE Change Change ☐ Addition NAME MARRIA, LI NAME STREET ADDRESS STREET ADDRESS 13930 LAKE SUCCESS PL CITY-ST-ZIP CITY-ST-ZIP MIAMI'LAKES FL- -TITLE TD ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME LITGLADYS* STREET ADDRESS STREET ADDRESS 13930 LAKE SUCCESS PL CITY-ST-7/P MIAMI LAKES FL 33014 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-7/P

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:

FILED