2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # G99548

1. Entity Name LRT ENTERPRISES, INC.



FILED Mar 22, 2007 08:00 A Secretary of State

Principal Place of Business

9230 SW 134TH PL MIAMI, FL 33186 US Mailing Address

9230 SW 134TH PL MIAMI, FL 33186



DO NOT WRITE IN THIS SPACE

03192007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-2395423

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TAMAYO, ARLES 9230 S.W. 134TH PLACE MIAMI, FL 33186

TAMAYO, TERESA

9230 SW 134TH PL

MIAMI, FL 33186

TAMAYO, LUIS R

9230 SW 134 PL

MIAMI, FL 33186

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the colligations of registered agent.				
SIGNATURE				
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution.	\$5.00 May Be Added to Fees	U00000675538 03/30/07-80022-023 150.00
10. OFFICERS AND DIRECTORS		TORS		
INLE	DT			
NAME	TAMAYO,ARLES			
STREET ADDRESS	9230 SW 134TH PL			
CITY-ST-ZIP	MIAMI, FL 33186			

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

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IN THIS SPACE

12. I hereby certify that the information supplied with this filling 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 eceiver 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 or an attachment with an address, with all other like empowered.

SIGNATURE:

TITLE

NAME

TITLE

NAME STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS
CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED HAVE OR SIGNING OFFICER OR DRECTOR

Max 19/07 305 386-2884