2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000014530

1. Entity Name

LB ELECTRICAL CONTRACTOR, INC.



FILED Jan 18, 2005 08:00 AM Secretary of State

Principal Place of Business

Mailing Address

7891 W FLAGLER STREET STE 254 MIAMI, FL 33144

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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

01112005 No Chg-P CR2E034 (10/03)

4. FEI Number			Applied For
65-0980270	 [Not Applicable
5 Cartificate of Status Desired	\$8.7	'5 <i>i</i>	Additional

5. Certificate of Status Desired

Fee Required

LANZAS, MARIO J 5603 NW 7 ST C 306 — MIAMI, FL 33126			DO NOT WRITE 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 Signature, typed or printed name of reputational and title if applicable. (NOTE, Registered Agent signature required when reinstating)								
	! NOW!!! FEE IS \$150.00 y 1, 2005 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees				
10.	OFFICERS AND DIREC	TORS	T					
NAME STREET ADDRESS	PCD LANZAS, MARIO J 5603 NW 7TH STREET #C-306 MIAMI, FL 33126			· · · · · · · · · · · · · · · · · ·	Hogopotos zan			
TITLE NAME STREET ADDRESS CITY-ST-ZIP					01/19/05-80002-007 150.00			

IN THIS SPACE

DO NOT WRITE

12. I hereby certify that the information supplied with this filling 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:

NAME STREET ADDRESS

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

CITY-ST-ZIP TITLE

SIGNATURE AND TYPED OR DISTRICTOR DAME OF SIGNING OFFICER OR DIRECTOR

te Daytime Phone #