2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jan 27, 2006 08:00 AM Secretary of State DOCUMENT # P00000060088 1. Entity Name LSBJ CORPORATION Principal Place of Business Mailing Address 3747 N.W. 52ND STREET 3747 N.W. 52ND STREET MIAMI, FL 33142 MIAMI, FL 33142 01192006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied Far 65-1028348 Not Applicable \$8.75 Additional 5. Dertificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MATTER, LINDA DO NOT WRITE 3747 N.W. 52ND STREET MIAMI, FL 33142 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating 000000405831 02/07/06-80054-023 150.00 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS **PSTD** TITLE MATTER, LINDA NAME 3747 N.W. 52ND STREET STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33142 TITLE NAME STREET ACCRESS CITY-ST-ZIP NAME STREET ACCRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE MAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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 securate 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:

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR