


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 8:00 am
Secretary of State

02-03-2006 90012 037 ***150.00

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|--|---|---|--|---|--|
| DOCUMENT # P00000062389 1. Entity Name L M B SERVICES, INC. | | | |  | |
| Principal Place of Business 20015 NW 3RD CT MIAMI, FL 33169 | | | Mailing Address 20015 NW 3RD CT MIAMI, FL 33169 | | |
| 2. Principal Place of Business 3655 W. 16TH AVE | | 3. Mailing Address 3655 W. 16TH AVE | | | |
| Suite, Apt. #, etc. Bay 16 | | Suite, Apt. #, etc. Bay 16 | | | |
| City & State Hialeah FL | | City & State Hialeah FL | | | |
| Zip 33012 | | Country USA | | 01302006 Chg-P CR2E034 (11/05) | |
| 4. FEI Number 65-1020341 | | Applied For <input type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 343 ALMERIA AVENUE CORAL GABLES, FL 33134 | | | 7. Name and Address of New Registered Agent Name HENRY A. ERAZO Street Address (P.O. Box Number is Not Acceptable) Bay 16 3655 W. 16TH AVE. City Hialeah FL Zip Code 33012 | | |
| 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 HENRY A ERAZO HENRY A ERAZO 1/30/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PSTD HEREDIA, AMARILLYS 20015 NW 3RD CT MIAMI, FL 33169 <input checked="" type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD ERAZO, HENRY A 20015 NW 3RD CT MIAMI, FL 33169 <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PTSD Henry A. ERAZO Bay 16, 3655 W. 16 TH AVE Hialeah FL 33012 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 12. I hereby certify that the information supplied with this filing 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 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: HENRY A ERAZO HENRY A ERAZO <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> PRESIDENT 1/30/06 305-522-7384 | | | | | |