

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 11, 2007 8:00 am
Secretary of State

07-11-2007 90074 041 ***150.00

DOCUMENT # P00000062389

1. Entity Name
L M B SERVICES, INC.



Principal Place of Business
**3655 W. 16TH AVE.
BAY 16
HIALEAH, FL 33012**

Mailing Address
**3655 W. 16TH AVE.
BAY 16
HIALEAH, FL 33012**



07022007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1020341

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**ERAZO, HENRY A
3655 W. 16TH AVE. BAY 16
HIALEAH, FL 33012**

**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 registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**FILE NOW!!! FEE IS \$550.00
Due by September 14, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PTSD ERAZO, HENRY A 3655 W. 16TH AVE. BAY 16 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE
IN THIS SPACE**

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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/3/07 (305) 522-7384
Date Daytime Phone #

ATTACHMENT
40124197
LMB Services, Inc.
3655 W. 16 Avenue
Bay # 16
Hialeah, Florida 33012
Telephone: (305) 826-9833
Fax: (305) 826-9092
24 Hrs #: (305) 522-7384

July 3, 2007

To:
Division Of Corporations
P.O. Box 8800
Tallahassee, FL 32314

REF: P00000062389

Dear Sir Or Madam:

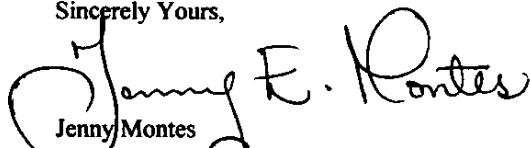
This letter is regarding 2007 For Profit Corporation Annual Report for our company, for some reason our company did not receive the first letter you sent to us.

If you check your files, we had always comply with our year payment, this time we are asking you to please forgive us for this dilate, but as I explained to you, we did not receive the first notice you sent to us, we did receive the notice that said: NOTICE OF INTENT TO DISSOLVE.

We are enclosing the fee of \$150.00 Dollars, if for some reason you think we should pay the \$400.00 dollars late fee, please do not hesitate to contact us to clear this misunderstanding at (305) 826-9833 or (305) 522-7384.

Thank You in advance for your attention at this matter.

Sincerely Yours,


Jenny Montes
Accounting Clerk

HE/jm