2006 FOR PROFIT CORPORATION ANNUAL REPORT

4/1

FILED
May 04, 2006 8:00 am
Secretary of State
04-14-2006 90141 010 ***150.00

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1. Entity Name
LYNBEK, INC.

Principal Place of Business	Mailing Address
815 NE 199TH ST #101 NORTH MIAMI, FL 33179	815 NE 199TH ST #101 NORTH MIAMI, FL 33179

03312006 Chg-P CR2E034 (11/05)

New

2. Principal Place of Business	3. Mailing Address
13880 SW 53rd ST.	13880 SW 53rd ST
Suite, Apt. #, etc. Miramar FL	Suite, Apt. #, etc. Miramar FL
City & State 33027	City & State 33027
Zip / Country	Zip / Country

4. FEI Number
65-1027592
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CERA, MARK 9050 PINE BLVD. STE 384 PEMBROKE PINES, FL 33024	Name Street Address (P.O. Box Number is Not Acceptable) City **FL** Zip Code

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	D LYN, JUNE 815 NE 199TH ST. APT 101 NORTH MIAMI, FL 33179	☐ Delete	D/P/T/S June Lyn 13880 SW 53rd St. Miramar FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYN, ERROL 815 NE 199TH ST. APT 101 NORTH MIAMI, FL 33179	☐ Delete	D Errol Lyn 13880 SW 53rd St. Miramar FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LYN, BRUCE 815 NE 199TH ST. APT 101 NORTH MIAMI, FL 33179	☐ Delete	D Bruce Lyn 13880 SW 53rd St. Miramar FL 33027	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Karene Lyn-Cardenas D 13880 SW 53rd St. Miramar FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	Elecia Lyn D 13880 SW 53rd St. Miramar FL 33027	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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: June Lyn 4/12/2006 786 547 5558
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #