2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000019222

1. Entity Name
LYNBROOK INC.

Principal Place of Business	Mailing Address
717 PONCE DE LEON BLVD, STE 234 CORAL GABLES FL 33134	717 PONCE DE LEON BLVD, STE 234 CORAL GABLES FL 33134

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

1st MOORE CR2E034 (10/04)

4. FEI Number 59-2100809 — 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
MOYA, ARMANDO 6745 SW 132ND AVE #304 MIAMI FL 33183	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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee Will Be $550.00
Make Check Payable to Florida Department of State

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 PD ☐ Delete NAME CASO, JUAN JOSE JR STREET ADDRESS 717 PONCE DE LEON BLVD, STE 234 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	U00000332301 04/26/05-80052-015 150.00
TITLE VD ☐ Delete NAME CASO, JUAN J STREET ADDRESS 717 PONCE DE LEON BLVD, STE 234 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD ☐ Delete NAME RAMON RUIZ, JOSE STREET ADDRESS 717 PONCE DE LEON BLVD, STE 234 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE VD ☐ Delete NAME CASO, LUIS STREET ADDRESS 717 PONCE DE LEON BLVD, STE 234 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE V ☐ Delete NAME MOYA, ARMANDO STREET ADDRESS 717 PONCE DE LEON BLVD, STE 234 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	
TITLE S ☐ Delete NAME FABRE, FRANK R.S. STREET ADDRESS 717 PONCE DE LEON BLVD, STE 234 CITY-ST-ZIP CORAL GABLES FL 33134		TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Frank R.S. Fabre 4/26/05 305-446-326.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #