

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000082721

FILED
Apr 15, 2005
Secretary of State

Entity Name: LEBOM INTERNATIONAL COMPANY

Current Principal Place of Business:

1637 E. VINE ST
101
KISSIMMEE, FL 32744 US

New Principal Place of Business:

6220 SOUTH ORANGE BLOSSOM TRAIL
603
ORLANDO, FL 32809 US

Current Mailing Address:

5143 TERRA VISTA WAY
ORLANDO, FL 32837

New Mailing Address:

FEI Number: 59-3738596 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALEXANDER, NATALIA R
5143 TERRA VISTA WAY
ORLANDO, FL 32837 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSD () Delete
Name: ALEXANDER, NATALIA
Address: 5143 TERRA VISTA WAY
City-St-Zip: ORLANDO, FL 32837

Title: VTD () Delete
Name: RODRIGUES, FREDERICO M
Address: 5143 TERRA VISTA WAY
City-St-Zip: ORLANDO, FL 32837

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NATALIA R. ALEXANDER

PRES

04/15/2005

Electronic Signature of Signing Officer or Director

_____ Date