

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000004398

Entity Name: LEBIED INVESTMENTS, INC.

FILED
Jan 16, 2008
Secretary of State

Current Principal Place of Business:

11219 NW 59TH TERR.
DORAL, FL 33178

New Principal Place of Business:

11249 NW 59TH TERR.
DORAL, FL 33178 US

Current Mailing Address:

11249 NW 59TH TERR.
DORAL, FL 33178

New Mailing Address:

FEI Number: 80-0004443 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BARTOCCI, GEORGE C
11249 NW 59TH TERR.
DORAL, FL 33178 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: VP/S () Delete
Name: BARTOCCI, GEORGE C
Address: 11249 NW 59TH TERR.
City-St-Zip: DORAL, FL 33178

Title: PD () Delete
Name: BARTOCCI, MARIA L
Address: 1209 BUSSO
City-St-Zip: VERONICA, CP 1917, BA ARGENTINA

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP/S (X) Change () Addition
Name: BARTOCCI, GEORGE C
Address: 11249 NW 59TH TERR.
City-St-Zip: DORAL, FL 33178 US

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: GEORGE C. BARTOCCI

VP/S

01/16/2008

Electronic Signature of Signing Officer or Director

Date