

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 26, 2004 8:00 am
Secretary of State

05-26-2004 90003 025 ***150.00

DOCUMENT # P02000083083

1. Entity Name
LHB INTERNATIONAL, INC.



Principal Place of Business
16100 NE 9TH PLACE
N. MIAMI BCH, FL 33162

Mailing Address
16100 NE 9TH PLACE
N. MIAMI BCH, FL 33162

2. Principal Place of Business
690 NW 112 ST
Suite, Apt. #, etc.

3. Mailing Address
16100 NE 9 PL
Suite, Apt. #, etc.



05072004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL
Zip
33168
Country
FL

City & State
MIAMI FL
Zip
33162
Country
USA

4. FEI Number
11-3646480
☒ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

RAPID CORPORATE SUPPLIES, INC.
17100 NE 19TH AVE.
N. MIAMI BCH, FL 33162

7. Name and Address of New Registered Agent

Name
CARMEN BELIZAIRE
Street Address (P.O. Box Number is Not Acceptable)
16100 NE 9 PL
City
MIAMI FL
Zip Code
33162

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 Carmen Belizaire DATE 05-15-04
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
Due by September 8, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	BELIZAIRE, LOUIS H	
STREET ADDRESS	16100 NE 9TH PLACE	
CITY-ST-ZIP	N. MIAMI BCH, FL 33162	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	0	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARMEN BELIZAIRE	
STREET ADDRESS	16100 NE 9 PLACE MIAMI FL 33162	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 05/15/04 Daytime Phone # (305) 754-1240