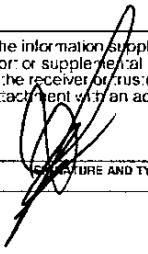


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90121 021 ***150.00

DOCUMENT # P0200011856 1. Entry Name LBS IMPORT & EXPORT, INC.					
Principal Place of Business 862 DIANE DR ALAMONTE SPRINGS, FL 32701-5664				Mailing Address PO BOX 162945 ALAMONTE SPRINGS, FL 32716	
2. Principal Place of Business 1109 E. Altamonte DR Suite, Apt. #, etc. Altamonte Springs, FL		3. Mailing Address 862 Diane DR Suite, Apt. #, etc. Altamonte Springs, FL			
City & State Altamonte Springs, FL		City & State Altamonte Springs, FL		4. FEI Number 20-0594916	
Zip 32701		Country USA		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIFIORE, LEONARDO 862 DIANE DR ALAMONTE SPRINGS, FL 32701-5664				7. Name and Address of New Registered Agent 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's signature required when removing agent)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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-STATE-ZIP	P DIFIORE, LEONARDO ☐ Delete 862 DIANE DR ALAMONTE SPRINGS, FL 327015664		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D DIFIORE, PIERLUIGI ☐ Delete VIA TEMPA 34 ORRIA CILENTO SALERNO ITALY,		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Delete		TITLE NAME STREET ADDRESS CITY-STATE-ZIP	☐ Change ☐ Addition	
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: 			Date 4/29/05 407-862-2268 Typed Name of Signing Officer or Director		