2005 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2005 90121 021 ***150.00

DOCUMENT # P02000111856

1. Entity Name
LBS IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
862 DIANE DR ALAMONTE SPRINGS, FL 32701-5664	PO BOX 162945 ALTAMONTE SPRINGS, FL 32716

04272005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
1109 E. Altamonte DR		862 Diane DR	
Suite, Apt. #, etc. Altamonte Springs, Fl		Suite, Apt. #, etc.	
City & State		City & State Altamonte Springs, Fl	
Zip 32701	Country USA	Zip 32701	Country USA

4. FEI Number 20-0594916 ☐ Applied For ☐ Not Applicable

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 signature required when reinstating) DATE

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-ST-ZIP	P DIFIORE, LEONARDO 862 DIANE DR ALAMONTE SPRINGS, FL 327015664	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DIFIORE, PIERLUIGI VIA TEMPA 34 ORRIA CILENTO SALERNO ITALY,	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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: ______________________________ 4/29/05 407-862-2268
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #