2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000111856

1. Entity Name
LBS IMPORT & EXPORT, INC.

Principal Place of Business	Mailing Address
1109 E ALTAMONTE DR ALAMONTE SPRINGS, FL 32701-5664	862 DIANE DR ALTAMONTE SPRINGS, FL 32701

DO NOT WRITE IN THIS SPACE

04262006 No Chg-P CR2E034 (11/05)

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

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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 _____ DATE
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
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DIFIORE, LEONARDO
STREET ADDRESS	862 DIANE DR
CITY-ST-ZIP	ALAMONTE SPRINGS, FL 327015664
TITLE	D
NAME	DIFIORE, PIERLUIGI
STREET ADDRESS	VIA TEMPA 34
CITY-ST-ZIP	ORRIA CILENTO SALERNO ITALY,
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/10/06-80059-006 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____ 4/26/06 407-617-3305
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #