2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005 8:00 am
Secretary of State
02-24-2005 90049 015 ***150.00

DOCUMENT # P03000015969

1. Entity Name
L C B BROKERAGE INC.

Principal Place of Business	Mailing Address
8415 ~~NW 68TH~~ ST ~~MIAMI~~, FL 33166	PO BOX 44-1764 MIAMI, FL 33144

DUU10J06

01062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2550 NW 72 Ave	
Suite, Apt. #, etc. #219	Suite, Apt. #, etc.
City & State MIAMI, FL	City & State
Zip 33122 Country	Zip Country

4. FEI Number
75-3098986
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
AUGELLO, MARIA E ~~8415 NW 68TH STREET~~ 2550 NW 72 Ave #219 MIAMI, FL ~~33166~~ 33122	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: Maria Augello
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when updating) 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	VP AUGELLO, MARIA E 8415 NW 68TH STREET MIAMI, FL 33166	☐ Delete	AUGELLO, MARIA 2550 NW 72 Ave #219 MIAMI, FL 33122	☒ Change ☐ Addition SECRETARY
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	MEJIAS, PATRICK 8634 HOT SPRINGS DRIVE HOUSTON, TX 77095	☐ Change ☒ Addition PRESIDENT
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ 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: Maria Augello 2/21/05 305-468-0035
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #