2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P03000017167 1. Entity Name 04-26-2004 90580 036 ***158.75 LML INC. Principal Place of Business Mailing Address 15308 SW 69TH LANE 15308 SW 69TH LANE MIAMI FL 33193 **MIAMI FL 33193** 2. Principal Place of Business 3. Mailing Address 12215-B S. $H\omega \vee$ 12215-B Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) 4. FEI Number Applied For City & State City & State Pincres 56-2366400 Not Applicable Dinerres Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired 33156 D U.SA 33156 USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LISA Maria BORREGO, LISA MARIE ... Street Address (P.O. Box Number is Not Acceptable) 15308 SW 69TH LANE Same MIAMI FL 33193 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 (NOTE: Registered Agent signature required when reinstation) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change ☐ Addition BORREGO, LISA M NAME NAME STREET ADDRESS 15308 SW 69TH LANE STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33193** CITY-ST-ZIP THE Delete TITLE ☐ Change ☐ Addition NAME SANCHEZ, MARTHA L NAME 11714 SW 123RD AVENUE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL 33186 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME LAVERNIA, LIDIA R STREET ADDRESS 7427-SW-106TH,COURT..... STREET ADDRESS CITY-ST-ZIP **MIAMI FL 33173** CITY-ST-ZIF TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Delete ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 of rustee 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 the empowered.

4-20-64 Date

FILED