2006 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Apr 24, 2006 8:00 am Secretary of State DOCUMENT # P03000347167 1. Entity Name 04-24-2006 90414 015 ***150.00 LML INC. Principal Place of Business Mailing Address 12215-B S DIXIE HWY MIAMI FL 33156 12215-B \$ DIXIE HWY MIAMI FL 33156 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State Applied For 4. FEI Number 56-2366400 Not Applicable Zip Country Country Žip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BORREGO, LISA MARIA 15308 SW 69TH LANE **MIAMI FL 33193** 13120 SW92nd Ave \$ 203 8. The above named entity subgrigating 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 SIGNATURE (NOTE Registered Agent signature required when reinstalling) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TIFLE Change Addition | BORREGO, LISA M Borrego, Lisa M. NAME NAME 13120 Sw. 9 and Ave # 203 STREET ADDRESS 15308 SW 69TH LANE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33193 CITY-ST-ZiP TITLE ☐ Delete TITLE Addition ☐ Change SANCHEZ, MARTHA L STREET ADDRESS 11714 SW 123RD AVENUE STREET ADDRESS CITY-ST-7IP MIAMI FL 33186 CITY - ST - ZIP THEF ☐ Delete DILE Addition NAME LAVERNIA, LIDIA R NAME STREET ADDRESS STREET ADDRESS 7427 SW 106TH COURT CITY-ST-ZIP MIAMI FL 33173 CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Addition ☐ Change NAME NAMI, STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or suppliemental 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 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.

F SIGNING OFFICER OR DIRECTOR

FILED