



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2008 8:00 am**  
**Secretary of State**

05-02-2008 90176 007 \*\*\*150.00

<b>DOCUMENT # P03000061059</b> 1. Entity Name <b>L &amp; B INVESTMENTS GROUP, INC</b>					
Principal Place of Business <b>10710 NW 66TH STREET UNIT 411 MIAMI, FL 33178</b>			Mailing Address <b>10710 NW 66TH STREET UNIT 411 MIAMI, FL 33178</b>		
2. Principal Place of Business - No P.O. Box # <b>7200 NW 114 Ave</b>		3. Mailing Address <b>7200 NW 114 Ave</b>			
Suite, Apt. #, etc. <b>Unit 304</b>		Suite, Apt. #, etc. <b>Unit 304</b>			
City & State <b>Doral, Florida</b>		City & State <b>Doral, Florida</b>			
Zip <b>33178</b>		Zip <b>33178</b>			
Country <b>USA</b>		Country <b>USA</b>		4. FEI Number <b>05-0572489</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>ALOM, ALFREDO 770-3 NW 106 AVE MIAMI, FL 33172</b>				7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE <b>PSD</b> <input type="checkbox"/> Delete NAME <b>LEONARDI, ALFONSO</b> STREET ADDRESS <b>10710 NW 66TH STREET UNIT 411</b> CITY-ST-ZIP <b>MIAMI, FL 33178</b>			TITLE <b>PSD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Leonardi, Alfonso</b> STREET ADDRESS <b>7200 NW 114 Ave #304</b> CITY-ST-ZIP <b>Doral, FL 33178</b>		
TITLE <b>VTD</b> <input type="checkbox"/> Delete NAME <b>BELLOSO, VIVIAN</b> STREET ADDRESS <b>10710 NW 66TH STREET UNIT 411</b> CITY-ST-ZIP <b>MIAMI, FL 33178</b>			TITLE <b>VTD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME <b>Belloso Vivian</b> STREET ADDRESS <b>7200 NW 114 Ave #304</b> CITY-ST-ZIP <b>Doral, FL, 33178</b>		
TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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TITLE _____ <input type="checkbox"/> Delete NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____			TITLE _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME _____ STREET ADDRESS _____ CITY-ST-ZIP _____		
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.					
<b>SIGNATURE:</b> <u>Alfonso Leonardi</u> (Alfonso Leonardi)				<b>04/27/08</b> <b>305-299-8848</b> <small>Date Daytime Phone #</small>	