


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 08, 2006 8:00 am**  
**Secretary of State**

02-08-2006 90002 025 \*\*\*150.00

<b>DOCUMENT # P03000103893</b>	
1. Entity Name <b>L &amp; B FINANCIAL SERVICES, INC.</b>	

Principal Place of Business <b>7700 N KENDALL DR #405 MIAMI, FL 33156</b>	Mailing Address <b>7700 N KENDALL DR #405 MIAMI, FL 33156</b>
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2. Principal Place of Business <b>8660 W. FLAGLER ST</b>	3. Mailing Address <b>8660 W. FLAGLER ST</b>
Suite, Apt. #, etc. <b>#200</b>	Suite, Apt. #, etc. <b>#200</b>
City & State <b>MIAMI FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33144</b>	Country <b>USA</b>



01092006 Chg-P CR2E034 (11/05)

4. FEI Number <b>20-0242168</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>LEITMAN, LORN 7700 N KENDALL DR #405 MIAMI, FL 33156</b>	7. Name and Address of New Registered Agent Name <b>LORN LEITMAN</b> Street Address (P.O. Box Number is Not Acceptable) <b>8660 W. FLAGLER ST, #200</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33144</b>
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LEITMAN, LORN 7700 N KENDALL DR #405 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8660 W. FLAGLER ST, #200 MIAMI FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CHRISTENSEN, REID M 7700 N. KENDALL DR., #405 MIAMI, FL 33156 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>8660 W. FLAGLER ST, #200 MIAMI FL 33144</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** *Lorn Leitman* **ROSEMAN** 1/31/06 201-222-5126  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #