

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 91063 050 \*\*\*150.00

<b>DOCUMENT # P03000107323</b>			
<b>1. Entity Name</b> LMB PROMOTIONS, INC.			
<b>Principal Place of Business</b> 5571 WINSTON PARK BLVD. #102 COCONUT CREEK, FL 33073 US		<b>Mailing Address</b> 5571 WINSTON PARK BLVD. #102 COCONUT CREEK, FL 33073 US	
<b>2. Principal Place of Business</b> 5851 Holmberg Road Suite, Apt. #, etc. # 1713 City & State Packland FL Zip 33067 Country US		<b>3. Mailing Address</b> 5851 Holmberg Road Suite, Apt. #, etc. # 1713 City & State Packland FL Zip 33067 Country US	
<b>6. Name and Address of Current Registered Agent</b> BRESLAU, LAWRENCE M 5571 WINSTON PARK BLVD. #102 COCONUT CREEK, FL 33073		<b>7. Name and Address of New Registered Agent</b> Name Breslau, Lawrence M Street Address (P.O. Box Number is Not Acceptable) 5851 Holmberg Road # 1713 City Packland FL Zip Code 33067	
<b>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.</b> SIGNATURE: <u>Jerry Breslau</u> DATE: <u>4/29/04</u> <small>Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> 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 NAME STREET ADDRESS CITY-ST-ZIP	P BRESLAU, LAWRENCE M 5571 WINSTON PARK BLVD., #102 COCONUT CREEK, FL 33073	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Breslau, Lawrence M 5851 Holmberg Road # 1713 Packland FL 33067
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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
<b>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 a other like empowered.</b>			
<b>SIGNATURE:</b> <u>Jerry Breslau</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		DATE: <u>4/29/04</u> <small>Daytime Phone #</small>	