


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 02, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P04000127472</b> 1. Entity Name L.M.B. WASHINGTON CORPORATION	
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Principal Place of Business 3751 E FOWLER AVE TAMPA, FL 33612	Mailing Address 3751 E FOWLER AVE TAMPA, FL 33612
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**DO NOT WRITE IN THIS SPACE**



03012006 No Chg-P CR2E034 (11/05)

4. FEI Number 91-1790338	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  MONK, LISA 8132 BRINEGAR CIR TAMPA, FL 33647
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**DO NOT WRITE  
IN THIS SPACE**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**


**9.** Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

U00000557845  
05/17/06-80066-010 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEO SRIVASTAVA, V K 3751 E FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SRIVASTAVA, V K 3751 E FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP GREIFF, KISAN 3751 E FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GREIFF, JERROLD 3751 E FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BEEBEE, ANGELA 3751 E FOWLER AVE TAMPA, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

**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:**  **April 15, 06**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #