

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT (AR)**

DOCUMENT # P05000000117

1. Entity Name

LB PROPERTIES WEST INCORPORATED



**FILED
Aug 11, 2008 8:00 am
Secretary of State**

08-11-2008 90123 040 ***158.75



2nd MOORE CR2E034 (4/08)

Principal Place of Business 7804 25TH AVENUE WEST BRADENTON FL 34209	Mailing Address 7804 25TH AVENUE WEST BRADENTON FL 34209
2. Principal Place of Business - No P.O. Box # 5131 14th St. W	3. Mailing Address 1110 Seagrove Dr.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State BRADENTON, FL	City & State Hewlett, NY
Zip 34207	Country

6. Name and Address of Current Registered Agent CARDILLO, HARRY A II 7804 25TH AVENUE WEST BRADENTON FL 34209	7. Name and Address of New Registered Agent Name Leonid BREMAN Street 7803 24th Avenue W City Bradenton FL Zip Code 34209
--	--

8. The above named entity submits this statement for the purpose of changing its registered
the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8/4/08

FILE NOW!!! FEE IS \$550.00
DUE BY September 3, 2008
Make Check Payable to Florida Department of State

S.607.193(2)(b), F.S., allows for the waiver of the \$400.00
late fee. By checking this box, the corporation certifies it
did not receive prior notice. Fee to file is \$150.00.

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CARDILLO, HARRY A II 7804 25TH AVENUE WEST BRADENTON FL 34209	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Leonid BREMAN 110 Seagrove Dr. Hewlett NY 11557	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CARDILLO, HARRY A II 7804 25TH AVENUE WEST BRADENTON FL 34209	<input checked="" 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
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/4/08 917-450-4455

Date

Daytime Phone #