


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 07, 2008 08:00 A
Secretary of State

DOCUMENT # P05000028299	
1. Entity Name LBS LEASING, INC	

Principal Place of Business 290 SW 97TH TERRACE PEMBROKE PINES, FL 33025	Mailing Address 290 SW 97TH TERRACE PEMBROKE PINES, FL 33025
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DO NOT WRITE IN THIS SPACE



01052008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-2376870	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EIKENBERRY, SANDRA J
290 SW 97TH TERRACE
PEMBROKE PINES, FL 33025**

**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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE P	EIKENBERRY, SANDRA J 290 SW 97TH TERRACE PEMBROKE PINES, FL 33025
TITLE VP	WEXELBAUM, LEE 4190 7TH AVENUE SW NAPLES, FL 34119
TITLE ST	WEXELBAUM, BILL 16065 SW 77 TERRACE MIAMI, FL 33193
TITLE D	WEXELBAUM, BERT 7540 SW 35 ST MIAMI, FL 33155
TITLE 	
TITLE 	

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01/07/08-80024-021 150.00

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: Sandra J Eikenberry 1/5/08 9544369195

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #