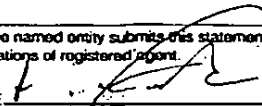
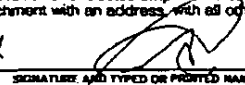


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

5/1

FILED
Jun 27, 2006 8:00 am
Secretary of State

05-10-2006 90097 029 ***150.00

DOCUMENT # P05000041815 1. Entity Name LIDER ENTERPRISES CORPORATION					
Principal Place of Business PO BOX 272150 BOCA RATON, FL 33427			Mailing Address PO BOX 272150 BOCA RATON, FL 33427		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
4. Name and Address of Current Registered Agent CONTRERAS, UNDER 1220 NW 13TH ST - APT C-109 BOCA RATON, FL 33486-2131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. 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:  Signature, print of printed name of registered agent and title if applicable.		Linder Contreras		5/6/06 DATE	
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PSD CONTRERAS, LINDER 1220 NW 13TH ST - APT C-109 BOCA RATON, FL 334862131	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPTD GAMARRA, LINDER C 1220 NW 13TH ST - APT C-109 BOCA RATON, FL 334862131	☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY- ST- ZIP		☐ Delete		TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Change ☐ 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		Linder Contreras 5/6/06 (561) 305-6595 Daytime Phone #			

Please Note that Names are Lider and not Linder as it's show. Thanks