

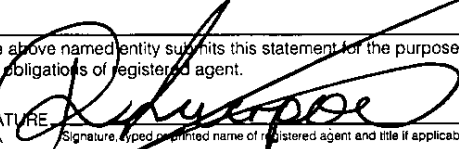



# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 08, 2008 8:00 am**  
**Secretary of State**

04-08-2008 90014 013 \*\*\*150.00

<b>DOCUMENT # P05000043245</b> 1. Entity Name <b>LB REPAIRS, INC.</b>					
Principal Place of Business <b>999 NW 20TH STREET WILTON MANOR, FL 33311</b>			Mailing Address <b>999 NW 20TH STREET WILTON MANOR, FL 33311</b>		
2. Principal Place of Business - No P.O. Box # <b>5030 NW 15th St</b> Suite, Apt. #, etc.		3. Mailing Address <b>5030 NW 15th St</b> Suite, Apt. #, etc.			
City & State <b>Lauderhill FL</b>		City & State <b>Lauderhill, FL</b>		4. FEI Number <b>59-3800467</b>	
Zip <b>33313</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>LIVERPOOL, RUTH 4974 N. UNIVERSITY DR LAUDERHILL, FL 33351</b>			7. Name and Address of New Registered Agent Name <b>Ruth Liverpool</b> Street Address (P.O. Box Number is Not Acceptable) <b>9301 W Sample Rd</b> City <b>Coral Springs</b> FL <b>33065</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. SIGNATURE  DATE <b>3-27-08</b> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P BROWN, LAWRENCE A 999 NW 20TH STREET WILTON MANOR, FL 33311	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Brown, Lawrence A 5030 NW 15th St Lauderhill, FL 33313
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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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: 			Date <b>3/27/08</b> Daytime Phone #		