## 2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

## DOCUMENT# P05000046682

Title:

Name:

Address:

City-St-Zip:

MGR

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CAMPOS, ANTONIO C

MARGATE, FL 33063

2651 ROCK ISLAND 104

**Entity Name: LBS TRUCKING COMPANY** 

FILED Jul 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 3150 N. COURSE LANE STE. 206 POMPANO BEACH, FL 33069 **New Mailing Address: Current Mailing Address:** 3150 N. COURSE LANE 30 95 N. COURSE DR STE. 206 STE. 512 POMPANO BEACH, FL 33069 POMPANO BEACH, FL 33069 FEI Number: 20-2527144 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: SINDER, LEANDRO B. 3450 BLUE LAKE DRIVE, STE. D 307 POMPANO BEACH, FL 33064 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: DPTS () Delete Title: () Change () Addition SINDER, LEANDRO B. Name: Name: 3150 N. COURSE LANE, STE. 206 Address: Address: City-St-Zip: POMPANO BEACH, FL 33069 City-St-Zip: Title: VD Title: () Change () Addition () Delete Name: SILVA, ERIKA J Name: 3095 N. COURSE DR STE. 512 Address: Address: POMPANO BEACH, FL 33069 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Title:

Name:

Address:

City-St-Zip:

VD.

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MARGATE, FL 33063

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(X) Change ( ) Addition

SIGNATURE: ERIKA SILVA VD 07/16/2009