


FILED
May 12, 2006 8:00 am
Secretary of State

04-24-2006 90390 019 ***158.75

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061187			
1. Entity Name LISBEKARL METAL PARTITION, CORP.			
Principal Place of Business 1251 SW 74 COURT MIAMI, FL 33144		Mailing Address 1251 SW 74 COURT MIAMI, FL 33144	
2. Principal Place of Business <i>SAME</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>MIAMI FL 33144</i>		City & State	
Zip <i>33144</i>		Country <i>DADR</i>	
4. FEI Number <i>20-2759718</i>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent RODRIGUEZ, MELCHOR A 1251 SW 74 COURT MIAMI, FL 33144		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 <i>[Signature]</i> 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	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MELCHOR A 1251 SW 74 COURT MIAMI, FL 33144 <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	<i>VP MELCHOR A. RODRIGUEZ</i> <i>1251 SW 74 Ct. MIAMI FL.</i> <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	<i>TREASURER DELHI'S PEREZ</i> <i>1251 SW 74 Ct.</i> <i>MIAMI FL 33144</i> <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 <i>[Signature]</i>		Date <i>04-16-06</i> (786) 877 5813	