

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000061187

1. Entity Name
LISBEKARL METAL PARTITION, CORP.



FILED
May 02, 2007 08:00 AM
Secretary of State

Principal Place of Business
1251 SW 74 COURT
MIAMI, FL 33144

Mailing Address
1251 SW 74 COURT
MIAMI, FL 33144



04122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-2759718

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RODRIGUEZ, MELCHOR A
1251 SW 74 COURT
MIAMI, FL 33144

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000756212
05/23/07-80019-018 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, MELCHOR A 1251 SW 74 COURT MIAMI, FL 33144
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP RODRIGUEZ, MELCHOR A 1251 SW 74TH CT MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T PEREZ, DELMIS 1251 SW 74TH CT MIAMI, FL 33144
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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:

Melchor A. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-30-07 (786)8975813

Date

Daytime Phone #