

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P05000092075

Entity Name: LBL INTERNATIONAL, INC.

**FILED**  
**Aug 16, 2007**  
**Secretary of State**

## **Current Principal Place of Business:**

2889 MCFARLANE RD #1511  
COCONUT GROVE, FL 33133

## **New Principal Place of Business:**

## **Current Mailing Address:**

5300 W 14TH AVENUE  
HIALEAH, FL 33012

## **New Mailing Address:**

2889 MCFARLANE RD #1511  
COCONUT GROVE, FL 33133

FEI Number: 80-0434649

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## **Name and Address of Current Registered Agent:**

OSORIO, LINA  
2889 MCFARLANE RD.  
SUITE 1511  
MIAMI, FL 33133 US

## **Name and Address of New Registered Agent:**

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:**

Title: DP ( ) Delete  
Name: HERNANDEZ, BIANNEY E  
Address: 2889 MCFARLANE RD #1511  
City-St-Zip: COCONUT GROVE, FL 33133

Title: CEO ( ) Delete  
Name: HERNANDEZ, BIANNEY E  
Address: 2889 MCFARLANE RD #1511  
City-St-Zip: COCONUT GROVE, FL 33133

## **ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: LINA, OSORIO  
Address: 2889 MCFARLANE RD #1511  
City-St-Zip: COCONUT GROVE, FL 33133

Title: CEO (X) Change ( ) Addition  
Name: LINA, OSORIO  
Address: 2889 MCFARLANE RD #1511  
City-St-Zip: COCONUT GROVE, FL 33133

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.

SIGNATURE: LINA OSORIO

DP

08/16/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date