

2008 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P06000105208

FILED
Dec 22, 2008
Secretary of State

Entity Name: L.M.B. GENERAL SERVICES, CORP.

Current Principal Place of Business:

4717 NW 5TH AVE
POMPANO BEACH, FL 33064

New Principal Place of Business:

220 NE 44 TH ST
POMPANO BEACH, FL 33064

Current Mailing Address:

4717 NW 5TH AVE
POMPANO BEACH, FL 33064

New Mailing Address:

220 NE 44 TH ST
POMPANO BEACH, FL 33064

FEI Number: 20-5365785

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BARBABRA, LEONE M
4717 NW 5TH AVE
POMPANO BEACH, FL 33064 US

Name and Address of New Registered Agent:

BARBABRA, LEONE M
220 NE 44 TH ST
POMPANO BEACH, FL 33064 US

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: LEONE M BARBARA

12/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P,D () Delete
Name: BARBARA, LEONE M
Address: 4717 NW 5TH AVE
City-St-Zip: POMPANO BEACH, FL 33064 US

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
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City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P,D () Change (X) Addition
Name: BARBARA, LEONE M
Address: 220 NE 44 TH ST
City-St-Zip: POMPANO, FL 33064

Title: P,D () Change (X) Addition
Name: BARBARA, LEONE M
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Address: 220 NE 44 TH ST
City-St-Zip: POMPANO, FL 33064

Title: P,D () Change (X) Addition
Name: BARBARA, LEONE M
Address: 220 NE 44 TH ST
City-St-Zip: POMPANO, FL 33064

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: LEONE M BARBARA

P,D

12/22/2008

Electronic Signature of Signing Officer or Director

Date