


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 17, 2008 8:00 am**  
**Secretary of State**

01-17-2008 90029 015 \*\*\*150.00

<b>DOCUMENT # P06000156577</b>	
1. Entity Name <b>LIDY'S DEVELOPMENT CORP</b>	

Principal Place of Business <b>525 NW 25TH ST MIAMI, FL 33125</b>	Mailing Address <b>525 NW 25TH CT MIAMI, FL 33125</b>
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2. Principal Place of Business - No P.O. Box # <b>11300 SW 164th ST</b>	3. Mailing Address <b>11300 SW 164th ST</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>Miami FL</b>	City & State <b>Miami</b>
Zip <b>33157</b>	Country <b>US</b>

40005714



01042008 Chg-P CR2E034 (12/06)

4. FEI Number <b>20-8163831</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent <b>CORCHO, MIGUEL 525 NW 25TH CT MIAMI, FL 33125</b>	7. Name and Address of New Registered Agent Name <b>Corcho, Miguel</b> Street Address (P.O. Box Number is Not Acceptable) <b>11300 SW 164th ST</b> City <b>Miami</b> FL Zip Code <b>33157</b>
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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 Miguel Corcho (NOTE: Registered Agent signature required when reappointing) DATE 01/13/08

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CORCHO, MIGUEL 525 NW 25TH CT MIAMI, FL 33125 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Corcho, Miguel 11300 SW 164th ST Miami FL 33125 <input checked="" 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
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
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: Miguel Corcho President 01/13/08 786 709 3205

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #