2007 FOR PROFIT CORPORATION ANNUAL REPORT

Jan 18, 2007 08:00 AM DOCUMENT # P95000022303 **Secretary of State** L.V. CONFECTION INC. Principal Place of Business Mailing Address 13779 SW 152 STREET 13779 SW 152 STREET MIAMI, FL 33186 MIAMI, FL 33177 01092007 CR2E034 (11/05) No Chg-P DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 65-0586862 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent RAMOS, DANIEL DO NOT WRITE 13779 SW 152ND ST MIAMI, FL 33177 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 DATE (NOTE: Registered Agent signature required when remetating) FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS PRES TITLE 000000590075 01/18/07-80041-020 150.00 RAMOS, DANIEL PRESID NAME STREET ADDRESS 13779 SW 152ND ST CITY-ST-ZIP MIAMI, FL 33177 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITI F IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

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: 4

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

1-10-07

305)385-9462

FILED

Daytime Phone #