

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2006 08:00 AM
Secretary of State

DOCUMENT # P95000035364

1. Entity Name
LAWBETH DEVELOPMENT CORP.



Principal Place of Business

**4475 U.S. 1 SOUTH
SUITE 105
ST. AUGUSTINE, FL 32086 US**

Mailing Address

**1884 530 FIRST AVE
7H
NEW YORK, NY 10016 US**



01182006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3833466	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROBINS, PERRY
4475 U.S. 1 SOUTH
ST. AUGUSTINE, FL 32086**

**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 fee if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**1100000396041
01/27/06-80017-007 150.00**

10. OFFICERS AND DIRECTORS

TITLE	VPD
NAME	ROBINS, ELIZABETH
STREET ADDRESS	330 E. 38TH STREET, APT. 41N
CITY-ST-ZIP	NEW YORK, NY 10016

TITLE	STD
NAME	ROBINS, LARRY
STREET ADDRESS	330 E. 38TH STREET, APT. 41N
CITY-ST-ZIP	NEW YORK, NY 10016

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CITY-ST-ZIP	

**DO NOT WRITE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Elizabeth Robins Elizabeth Robins 1/19/06