

APR-19-04 14:36 FROM:

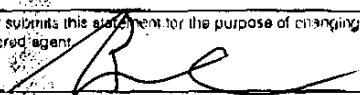
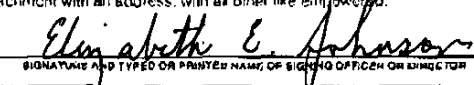
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TO: 9:

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90201 018 ***150.00

DOCUMENT # P96000001724		
1. Entity Name LBJ INVESTMENTS INC.		
Principal Place of Business 901 PROGRESSO DR. L8 FT. LAUDERDALE, FL 33304 US		Mailing Address 901 PROGRESSO DR. L8 FT. LAUDERDALE, FL 33304 US
DO NOT WRITE IN THIS SPACE		
		 04192004 No Chg-P CR2E034 (10/03)
		4. FEI Number 65-0628701 Approved For Not Applicable
		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent		
HOLLANDER, BRUCE P A RICHARD K. INGLIS PA 901 S STATE ROAD 7 2455 E. SUNRISE BLVD RENTHOUSE 6 # 320 HOLLYWOOD, FL 33023 FT LTD FL 33304		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  DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		
9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS		
TITLE	D	
NAME	SNIDER, JUANITA J	
STREET ADDRESS	901 PROGRESSO DRIVE UNIT U10	
CITY-ST-ZIP	FT. LAUDERDALE, FL 33304	
TITLE	PST	
NAME	JOHNSON, ELIZABETH E	
STREET ADDRESS	901 PROGRESSO DRIVE UNIT U1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	
NAME	SNIDER, CLIFTON J	
STREET ADDRESS	901 PROGRESSO DRIVE UNIT U10	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	D	
NAME	NAHABEDIAN, BENJAMN H	
STREET ADDRESS	901 PROGRESSO DRIVE UNIT U1	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33304	
TITLE	VP	
NAME	SHERRY S. CLEMENS	
STREET ADDRESS	2543 OKEECHOBEE LN	
CITY-ST-ZIP	FT LTD 33312	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  954-525-3289 4-22-04		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		