

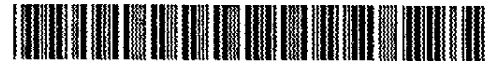
2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 17, 2004 08:00 AM
Secretary of State

DOCUMENT # P96000052137	
1. Entity Name LRP IMPORT/EXPORT CORP.	

Principal Place of Business 7205 NW 68 ST UNIT 11 MEDLEY, FL 33166	Maining Address 7205 NW 68 ST UNIT 11 MEDLEY, FL 33166
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DO NOT WRITE IN THIS SPACE



06142004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0678234	Approved For Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

POMPA, LUIS R
347 SW 191 TERRACE
PEMBROKE PINES, FL 33029

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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 _____

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY ST ZIP	P POMPA, LUIS R 347 S.W. 191 TERR PEMBROKE PINES, FL 33029
TITLE NAME STREET ADDRESS CITY ST ZIP	V POMPA, RITA T 347 SW 191 TERRACE PEMBROKE PINES, FL 33029
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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 a change of name, or otherwise empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR