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	Mailing Address
7205 NW 68 ST UNIT 11 MEDLEY, FL 33166	7205 NW 68 ST UNIT 11 MEDLEY, FL 33166

DO NOT WRITE IN THIS SPACE

06142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0678234
☐ Applied 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
PEMBRROKE PINES, FL 33029

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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: _____ DATE

FILE NOW!!! FEE IS $150.00
Due by September 5, 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.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	POMPA, LUIS R
STREET ADDRESS	347 S.W. 191 TERR
CITY ST ZIP	PEMBROKE PINES, FL 33029
TITLE	V
NAME	POMPA, RITA T
STREET ADDRESS	347 SW 191 TERRACE
CITY ST ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
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NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

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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)(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: _____ DATE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR