2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000052137

Entity Name: LRP IMPORT/EXPORT CORP.

FILED Apr 17, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7205 NW 68 ST UNIT 11 MEDLEY, FL 33166

Current Mailing Address: New Mailing Address:

7205 NW 68 ST UNIT 11 MEDLEY, FL 33166

FEI Number: 65-0678234 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

POMPA, LUIS R 347 SW 191 TERRACE POMPA, LUIS R 5620 SW 162 AVENUE

PEMBRROKE PINES, FL 33029 US SOUTHWEST RANCHES, FL 33331 US

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.

SIGNATURE: LUIS POMPA 04/17/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P () Delete Title: P (X) Change () Addition

 Name:
 POMPA, LUIS R
 Name:
 POMPA, LUIS R

 Address:
 347 S.W. 191 TERR
 Address:
 5620 SW 162 AVENUE

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: SOUTHWEST RANCHES, FL 33331

 $\label{eq:title:V} {\sf Title:} \qquad {\sf V} \qquad {\sf () Delete} \qquad \qquad {\sf Title:} \qquad {\sf V} \qquad {\sf (X) Change () Addition}$

 Name:
 POMPA, RITA T
 Name:
 POMPA, RITA T

 Address:
 347 SW 191 TERRACE
 Address:
 5620 SW 162 AVENUE

City-St-Zip: PEMBROKE PINES, FL 33029 City-St-Zip: SOUTHWEST RANCHES, FL 33331

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS POMPA PRES 04/17/2006