


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 11, 2005 08:00 AM
Secretary of State**

DOCUMENT # P96000083722 1. Entity Name LYDA REALTY, INC.	
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Principal Place of Business 5707 W SLIGH AVE TAMPA, FL 33634	Mailing Address 5707 W SLIGH AVE TAMPA, FL 33634
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DO NOT WRITE IN THIS SPACE



01112005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-3408944	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fees Required

8. Name and Address of Current Registered Agent FIGUEREDO, JORGE S 3918 DORAL DR TAMPA, FL 33634	DO NOT WRITE IN THIS SPACE
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9. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD FIGUEREDO, LYDA M 3918 DORAL DR TAMPA, FL 33634
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST FIGUEREDO, JORGE S 3918 DORAL DR TAMPA, FL 33634
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04/11/05-80090-016 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.

SIGNATURE: _____ **4/8/05** **813-249-5932**
SIGNATURE AND TITLE OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #