

**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 11, 2006 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**



01112006 No Chg-P CR2E034 (11/05)

4. FEI Number 59-3408944	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

FIGUEREDO, JORGE S  
 3918 DORAL DR  
 TAMPA, FL 33634

**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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000564573  
 05/20/06-80075-022 150.00

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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, and is otherwise empowered.

**SIGNATURE:** \_\_\_\_\_ **4/8/06** **813-289-5932**  
SIGNATURE AND TYPED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #