

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 16, 2007 08:00 AM
Secretary of State**

DOCUMENT # P96000083722

1. Entity Name
LYDA REALTY, INC.



Principal Place of Business
**5707 W SLIGH AVE
TAMPA, FL 33634**

Mailing Address
**5707 W SLIGH AVE
TAMPA, FL 33634**



01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

00000070019
04/25/07-80027-002 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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, with all other like empowered.

SIGNATURE: _____

TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JORGE S. FIGUEREDO

4/13/07

Date

813-249-5932

Daytime Phone #