Apr 11 05 08:55p

FILED
Apr 28, 2005 8:00 am
Secretary of State
04-28-2005 90176 013 ***150.00

2005 FOR PROFIT CORPORATION ANNUAL REPORT

14003888

04112005 Chg-P CR2E034 (10/03)

DOCUMENT # P97000079384

1. Entity Name
L & B PROPERTY MANAGEMENT, INC.

Principal Place of Business	Mailing Address
~~13831 SW 59 STREET~~ 207 MIAMI, FL 33183 US	PO BOX 830698 MIAMI, FL 33283

2. Principal Place of Business	3. Mailing Address
11980 SW 144 Ct.	
Suite, Apt. #, etc.: Ste 203	Suite, Apt. #, etc.
City & State: MIAMI FL	City & State
Zip: 33186 Country: USA	Zip Country

4. FEI Number 65-0787703 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GILDELREAL, ILIANA ~~13831 SW 59 STREET~~ ~~SUITE 207~~ ~~MIAMI, FL 33183~~	Name: ILIANA Gildelreal Street Address (P.O. Box Number is Not Acceptable): 11980 SW 144 Ct. Suite 203 City: MIAMI FL Zip Code: 33186

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: Iliana Gil del Real
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. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: P NAME: GIL-DEL-REAL, ILEANA STREET ADDRESS: ~~13831 SW 59 STREET, #207~~ CITY-ST-ZIP: ~~MIAMI, FL 33183~~	☐ Delete	TITLE: P. NAME: GILDELREAL, ILIANA STREET ADDRESS: 11980 SW 144 CT. #203 CITY-ST-ZIP: MIAMI FL 33186	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Iliana Gil del Real 4-18-05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #