

2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P98000030955						Apr 13, 2005 8:00 am				
1. Entity Name					Secretary of State					
L.B.R. MANAGEMENT, INC.						04-13-2005 90	039 007 **	*150.00		
	المنازع									
Dringing Diag	o of Business	Mailing Address			1					
Principal Plac		5645 S UNIV DR								
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	Charles	1								
2. Principal P	Place of Business O County WV Drug	3. Mailing Address				O INIBA IBAH BUMU DUM BU				
Suite, Apt.		Suite, Apt. #, etc.				05 - D	ODOF 00 4	(40/00)		
	406	<u></u>			03232005	Chg-P	CR2E034	(10/05)		
City & State					4. FEI Numb			 	plied For	
Mon	MAY PLA	· · · · · · · · · · · · · · · · · · ·	65-082	5651			t Applicable			
Zip	UPII Country	Zip	Count	iry	5. Certificate	of Status Desired		8.75 Add e Required		
-531110-	6. Name and Address of Current I	Registered Agent			7. Name and	Address of New				
Name										
GILBERT,				Street Address (P.O. Box Number is Not Acceptable)						
5645 S UNIV DR DAVIE, FL 33328				Street Address (P.O. Box Number is Not Acceptable)						
DAVIE, FL	33320									
		•		City		,	FL	Zip Code	9	
				,				<u> </u>		
	e named entity submits this statement for tions of registered agent.	the purpose of changing its	registere	ed office or register	red agent, or bo	ith, in the State of F	lorida. I am tar	miliar with,	and accept	
	or of the second									
SIGNATURE.	Signature, typed or printed name of registered agent 6	and title if explicable. (NOT	E: Registere	Agent signature required	d when reinstating)	, , , , , , , , , , , , , , , , , , ,	DATE			
	egratus, types of printer in the original of t	,				1				
FIL	E NOW!!! FEE IS \$150.00	9. Election Campa	-		.00 May Be					
After M	ay 1, 2005 Fee will be \$550.0	Trust Fund Cont	ribution.	☐ Add	led to Fees					
10.	· OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND D	IRECTORS	S IN 11	
TITLE	D	☐ Delete	TITLE		\ m / A		~ \ \	Z Change	☐ Addition	
NAME	GILBERT, LENORE		NAM		PO B	coentry	UVK	Drue	# 401	
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CITY-ST-ZIP	DAVIE, FL 33328		_}_		26701	3) (6)	7- AN	☑ Change	☐ Addition	
TITLE NAME	GILBERT, ROBERT	☐ Delete	TITLE	1 10	9801	o can	yew		1 110° W	
STREET ADDRESS	5645 S UNIVERSITY DR			ET ADDRESS	Alsto		1,1		ام بهت	
CITY-ST-ZIP	DAVIE, FL 33328		CITY	-ST- ZIP	MAG	nunt	IMI	3311	PO-4P1)	
TITLE		☐ Delete	TITLE				` ` [Change	Addition (
NAME			- NAM		٠.	. .				
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. CITY-ST-ZIP			CITY	-ST-ZIP	_			_		
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STREET ADDRESS CITY-ST-ZIP				-ST-ZIP						
TITLE		□ Delete	TITLE		-			Change	☐ Addition	
NAME		Delete	NAM				•		_	
STREET ADDRESS				ET ADORESS						
CITY-ST-ZIP				-ST-ZIP					-	
12. I hereby	certify that the information supplied with d on this report or supplemental report is reporation or the receiver or trustee empored, or on an attachment with an address,	this filing does not qualify for	r the exe	mption stated in St ture shall have the	ection 119.07(3) same legal effe	(i), Florida Statutes ct as if made under	. I further certify oath; that I arr	y that the ir n an officer	nformation or director	
of the co	rporation or the receiver or trustee empor	owered to execute this report	as requi	red by Chapter 60	7, Florida Statut	es; and that my nar	ne appears in	Block 10 or	Block 11 if	
changed	i, or on an adsorbert way an address, t	nin a one pre empowered			\sim	/	- 95	4-61	10-	
	/	/ W/ V/ U/ U/	ノ〇)		24 Mass	•	1/2		
SIGNAT	TURE: 1/1/222	RINTED NAME OF SIGNING OFFICER						4.7	 .	

FILED