2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 08:00 AM
Secretary of State

DOCUMENT # S05659

1. Entity Name
L.B.V., INC.

Principal Place of Business	Mailing Address
2655 N.E. 189TH ST. NORTH MIAMI BEACH, FL 33180	2655 N.E. 189TH ST. NORTH MIAMI BEACH, FL 33180

DO NOT WRITE IN THIS SPACE

03032006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0220763
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

FREEDMAN, MARTIN, B
2655 NE 189TH ST
SUITE 830
NORTH MIAMI BEACH, FL 33180

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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

U00000522255
05/03/06-80022-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	FREEDMAN, MARTIN B.
STREET ADDRESS	2655 N.E. 189 ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	D
NAME	FREEDMAN, GRACIE FINKEL
STREET ADDRESS	2655 N.E. 189 ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	VSD
NAME	FINKEL, NATHAN
STREET ADDRESS	2655 N.E. 189 ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	D
NAME	FINKEL, JACQUELINE S.
STREET ADDRESS	2655 N.E. 189 ST.
CITY-ST-ZIP	N. MIAMI BEACH, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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: MARTIN Freedman, Pres 4/7/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #