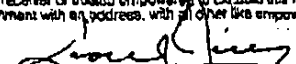


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S19870

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2006 FOR PROFIT CORPORATION ANNUAL REPORT

06 JUN 19 PM 3:44

DOCUMENT # S19870			
1. Entity Name LUBO OF FLORIDA ENTERPRISES, INC.			
Principal Place of Business 7211 1ST AVENUE SOUTH SAINT PETERSBURG, FL 33707		Mailing Address C/O PAPPAS RETAIL LEASING & MGMT P.O. BOX 48547 SAINT PETERSBURG, FL 33743-8547	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 59-3061486		Applied For (Not Applicable)	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PAPPAS RETAIL LEASING & MGMT 7211 1ST AVE S SAINT PETERSBURG, FL 33707		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 filing initial) DATE _____			
FILE NOW!!! FEE IS \$850.00 Due by September 8, 2006		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fee	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	OPS	TITLE	☐ Change ☐ Addition
NAME	PERSIRA, LEONARDO	NAME	
STREET ADDRESS	1152 COLLEGE ST.	STREET ADDRESS	
CITY-ST-ZIP	TORONTO, ONT., CAN. M6H1B5.	CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 lists empowered.			
SIGNATURE: 		June 07.06	
SIGNATURES TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	