


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 02, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # S21211</b> 1. Entity Name LINDBERG PROPERTIES, INC.	
---	---

Principal Place of Business 741 BAYSHORE DR. FT. LAUDERDALE, FL 33304	Mailing Address C/O MURRAY SILVERMAN, P.A. 1919 NE 45TH STREET, #215 FORT LAUDERDALE, FL 33308
---	---



03242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0234506	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------

6. Name and Address of Current Registered Agent  SILVERMAN, MURRAY C 1919 NE 45TH ST. STE 215 FORT LAUDERDALE, FL 33308
---

**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. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
---	------------------------------------

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDBERG, KARL HENRIK GRASUDDSVGEN 21 SODERHAMN, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD LINDBERG, JAN HAKAN NORRALAGATAN SODERHAMN, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD LINDBERG, KARL KENNART REPSLACARGATAN 18 SODERHAMN, SWEDEN,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000686017  
04/09/07-80028-025 150.00

**DO NOT WRITE  
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:** K. H. Lindberg **K. H. LINDBERG** 3/24/07 954/491-3292  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #