

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jul 22, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # S34114

1. Entity Name

LSY INTERNATIONAL CORPORATION



Principal Place of Business

6220 W 10 AVE  
HIALEAH FL 33012  
US

Mailing Address

6220 W 10 AVE  
HIALEAH FL 33012  
US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc

Suite, Apt. #, etc

1st MOORE

CR2E034 (10/04)

City & State

City & State

4. FEI Number

65-0254165

Applied For

Not Applicable

Zip

Country

Zip

Country

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

BACALLAO, CARLOS  
6220 W 10TH AVE  
HIALEAH FL 33012

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BACALLAO, CARLOS  
STREET ADDRESS 6220 W 10 AVE  
CITY- ST- ZIP HIALEAH FL

TITLE TD ☐ Delete  
NAME YARON, LIOR  
STREET ADDRESS 2567 WOODBOURNE AVE  
CITY- ST- ZIP LOUISVILLE KY

TITLE SD ☐ Delete  
NAME BACALLAO, MARIA  
STREET ADDRESS 3055 NW 107 AVE  
CITY- ST- ZIP MIAMI FL 33172

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS U00000374052  
CITY- ST- ZIP 07/22/05-80007-001 550.00

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

*Carlos Bacallao*

CARLOS BACALLAO

7/18/05 305-805-170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #