

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2006 8:00 am
Secretary of State

08-01-2006 90001 002 ***150.00

DOCUMENT # S82016 1. Entity Name LYMO CORP.					
Principal Place of Business 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES, FL 33134			Mailing Address 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES, FL 33134		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State Zip Country		City & State Zip Country		4. FEI Number 65-0293114 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				07142006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent GOLDMAN, BRUCE J. 2701 LE JEUNE ROAD SUITE 404 CORAL GABLES, FL 33134 <div style="position: absolute; top: 100px; left: 100px; font-size: 2em; color: blue; transform: rotate(-15deg);"> <i>Change of Address</i> </div>			7. Name and Address of New Registered Agent - Name BRUCE J. GOLDMAN Street Address (P.O. Box Number is Not Acceptable) 2655 LE JEUNE ROAD - Suite 816 City CORAL GABLES FL Zip Code 33134		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS MONTIEL, LYDIA 2701 LE JEUNE RD #404 CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MONTIEL, LYDIA 2701 LE JEUNE RD #404 CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DELVALLE, ERIC A 2701 LE JEUNE RD #404 CORAL GABLES, FL	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <i>[Signature]</i> Date 7/27/06 Daytime Phone # 305-443-9063		

Attachment

ATTACHMENT

20051280

#382016

July 14, 2006

Secretary of State
Division of Corporations
P.O. Box 6198
Tallahassee, FL. 32314

Re: LYMO CORP.
2701 LE JEUNE ROAD
SUITE 404
CORAL GABLES, FL 33134

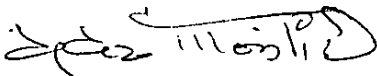
Gentlemen:

Enclosed is our 2006 For Profit Corporation Annual Report for the above together with the check for \$150.00 for payment of same.

Please note that we did not receive any notice with respect to the annual report and respectfully request that the penalty be abated.

Thanking you in advance we remain.

Truly Yours,



Lydia Montiel, President