

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127472

FILED  
Jan 04, 2005  
Secretary of State

Entity Name: L.M.B. WASHINGTON CORPORATION

## Current Principal Place of Business:

3751 E FOWLER AVE  
TAMPA, FL 33612

## New Principal Place of Business:

## Current Mailing Address:

3751 E FOWLER AVE  
TAMPA, FL 33612

## New Mailing Address:

FEI Number: 91-1790338

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MONK, LISA  
8132 BRINEGAR CIR  
TAMPA, FL 33647 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: CEO ( ) Delete  
Name: SRIVASTAVA, V K  
Address: 3751 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: PD ( ) Delete  
Name: SRIVASTAVA, V K  
Address: 3751 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: VP ( ) Delete  
Name: GREIFF, KISAN  
Address: 3751 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: S ( ) Delete  
Name: GREIFF, JERROLD  
Address: 3751 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

Title: T ( ) Delete  
Name: BEEBEE, ANGELA  
Address: 3751 E FOWLER AVE  
City-St-Zip: TAMPA, FL 33612

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LISA MONK

REP

01/04/2005

Electronic Signature of Signing Officer or Director

Date