

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90764 002 ***150.00

DOCUMENT # P01000113648

1. Entity Name
LPI COMPANIES, INC.



Principal Place of Business
**8720 SW 8TH TERRACE
MIAMI FL 33174**

Mailing Address
**8720 SW 8TH TERRACE
MIAMI FL 33174**



Principal Place of Business

9600 NW 38th Street

Mailing Address

9600 NW 38th St.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

CHECK HERE IF MAKING CHANGES

City & State
Miami Florida

City & State
Miami Florida

4. FEI Number **65-1156920**

Applied For
Not Applicable

Zip **33178**

Country **USA**

Zip **33178**

Country **USA**

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

**DACAS, BRENDA M
15634 NW 12TH COURT
PEMBROKE PINES FL 33028**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	P	<input type="checkbox"/> Delete
NAME	LEYVA, RAUL	
STREET ADDRESS	13344 SW 1ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	HERNANDEZ, MARIO	
STREET ADDRESS	7525 SW 72ND COURT	
CITY-ST-ZIP	MIAMI FL 33143	
TITLE	ST	<input type="checkbox"/> Delete
NAME	DACAS, BRENDA	
STREET ADDRESS	15634 NW 12TH COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MIGUEL	
STREET ADDRESS	300 SW 48TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	DEMELLO, GEORGE	
STREET ADDRESS	9906 SW VENTURA DRIVE	
CITY-ST-ZIP	PALM CITY FL 34990	
TITLE	D	<input type="checkbox"/> Delete
NAME	MONZON, PEDRO	
STREET ADDRESS	14790 SW 43RD WAY	
CITY-ST-ZIP	MIAMI FL 33185	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)(i), 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 empowerments.

SIGNATURE: **[Signature]**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date **3-6-03** Daytime Phone # **786-865-3400**

CR2E034 (10/02)