## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P05000077585

Entity Name: LG INSURANCE CORP.

**FILED** Aug 08, 2007 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

19620 PINES BLVD, SUITE 201 PEMBROKE PINES, FL 33029

**Current Mailing Address: New Mailing Address:** 

19620 PINES BLVD, SUITE 201 6691 COWPEN RD PEMBROKE PINES, FL 33029 A-102 MIAMI LAKES, FL 33014

FEI Number: 20-3003694 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 US

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD ( ) Delete Title: **PSTD** (X) Change ( ) Addition GARCIA, LEONARD Name: Name: GARCIA, LEONARD 3001 SW 142ND AVE 6691 COWPEN RD #A-102 Address: Address: City-St-Zip:

MIRAMAR, FL 33027 City-St-Zip: MIAMI LAKES, FL 33014

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: LEONARD GARCIA **PSTD** 08/08/2007