


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 17, 2006 8:00 am**  
**Secretary of State**

01-17-2006 90269 047 \*\*\*150.00

<b>DOCUMENT # 563818</b> 1. Entity Name LG 78 CORPORATION	
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Principal Place of Business 5481 N STATE ROAD 7 TAMARAC, FL 33319	Mailing Address 5481 N STATE ROAD 7 TAMARAC, FL 33319
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01062006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-1814782	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  GRANADOS, FELIX JR 5481 N STATE ROAD 7 TAMARAC, FL 33319
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<b>DO NOT WRITE IN THIS SPACE</b>
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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANADOS SR, FELIX 5481 N STATE ROAD 7 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CRANADOS, CARLOS 5481 N STATE ROAD 7 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD GRANADOS, FELIX, JR 5481 N STATE ROAD 7 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRANADOS, ROBERTO 5481 N. STATE ROAD 7 TAMARAC, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

<b>DO NOT WRITE IN THIS SPACE</b>
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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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #