

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # H10102

1. Entity Name
L. G. MANAGEMENT SERVICE, INC.



Principal Place of Business
14200 SW 20TH STREET 2557 BAY
DAVIE, FL 33325 US POINTE DRIVE
WESTON, FL 33327 Mailing Address
13200 SW 128TH STREET
C/O EMANUEL # F-2
MIAMI, FL 33186 US

DO NOT WRITE IN THIS SPACE

**FILED
May 04, 2005 8:00 am
Secretary of State**

05-04-2005 90115 037 ***150.00

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04262005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2433774	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

JAY EMANUEL & ASSOCIATES
13200 SW 128TH STREET # F-2
MIAMI, FL 33186

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IN THIS SPACE**

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, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD KEUTHAN, GERALD 14200 SW 20 STREET FORT LAUDERDALE, FL 33325
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-05

Date

Daytime Phone #