2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 16, 2005 08:00 AM Secretary of State

ANNUAL REPORT			Feb 16, 2005 08:00		
DOCUMENT # M32455 1. Entity Name L.M.G. REALTY, INC.				Secret	ary of Stat
Principal Place of Business 3350 SW 148 AVE. SUITE 130 MIRAMAR, FL 33027-3258 US	Mailing Address 3350 SW 148 AVE. SUITE 130 MIRAMAR, FL 33027-3258 U		TO THE REPORT OF THE PARTY OF T	1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111 1111	
DO NOT WRIT		CE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chg-P CR2E(D34 (10/03) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Curre	nt Registered Agent				
AMEIJEIRAS, ISRAEL 3350 SW 148TH AVE STE 130 MIRAMAR, FL 33027				T WRITE S SPACE	
The above named entity submits this statement the obligations of registered agent.	for the purpose of changing its register	ed office or register	ed agent, or both, in the	State of Florida. I am	familiar with, and accept
SIGNATURE Signature, typed or printed name of registered ag	ent and title if applicable (NOTE Registere	d Agent signature required	Lwhon reinstating)	DATE	
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$55	9. Election Campaign Finar Trust Fund Contribution.		.00 May Be ed to Fees		
	ID DIRECTORS	1			
TITLE P NAME AMEIJEIRAS, ISRAEL V STREET ADDRESS 3550 SW 148TH AVE STE 130 CITY-ST-ZIP MIRAMAR, FL 33027)		02/	.00000023167 16/05-80040	'2)-006 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- -				
TITLE NAME STREET ADDRESS CITY-ST-ZIP				T WRIT	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	*.		IN THI	S SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME		1			

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:

STREET ADDRESS City-St-zip

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/11/05

954-885-4990