## **2008 FOR PROFIT CORPORATION ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPE

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## Secretary of State 02-07-2008 90027 035 \*\*\*150.00 **DOCUMENT # M32455** 1. Entity Name L.M.G. REALTY, INC. Principal Place of Business Mailing Address 40020090 3350 SW 148 AVE, SUITE 203 3350 SW 148 AVE, SUITE 203 MIRAMAR, FL 33027-3258 US MIRAMAR, FL 33027-3258 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01232008 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 59-2733496 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent. --7. Name and Address of New Registered Agent ---Ameijeiras, Israel AMEIJEIRAS, ISRAEL Street Address (P.O. Box Number is Not Acceptable) 3350 SW 148TH AVE STE 130 203 MIRAMAR, FL 33027 33027 Miramar 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 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE TITLE Change ☐ Addition Delete Ameijeiras, Israel V. AMEIJEIRAS, ISRAEL V NAME NAME Ste 203 STREET ADDRESS 3350 SW 148TH AVE(STE 130 3350 SW 148 AVE STREET ADDRESS CITY-ST-ZIP MIRAMAR, FL 33027 CITY-ST-ZIP Hiramar IFL 33027 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITI F ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 office like empowered.

FILED Feb 07, 2008 8:00 am