

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P00000060443

1. Entity Name
LMG ENTERPRISES OF SOUTH FLORIDA, INC.



Principal Place of Business
9934 ROYAL PALM BOULEVARD
CORAL SPRINGS, FL 33065

Mailing Address
9934 ROYAL PALM BOULEVARD
CORAL SPRINGS, FL 33065

FILED
Apr 22, 2004 08:00 AM
Secretary of State



01072004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1022689

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GUARIGLIA, LISA M
9934 ROYAL PALM BOULEVARD
CORAL SPRINGS, FL 33065

**DO NOT WRITE
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, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

1000000123981
04/22/04-80026-015 150.00

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP
D
GUARIGLIA, LISA M
9934 ROYAL PALM BOULEVARD
CORAL SPRINGS, FL 33065

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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CITY- ST- ZIP

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IN THIS SPACE**

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: *Lisa Guariglia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/04 954-612-1483
Date Daytime Phone #