## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P00000094137

Name:

Address:

City-St-Zip:

CASTILLO, BORIS M

LOS ANGELES, CA 90025

11728 WILSHIRE BLVD; SUITE B-512

Entity Name: LNC MANAGEMENT, INC.

FILED Mar 11, 2005 Secretary of State

Current P	rincipal Place	e of Business:	New Principal Pla	New Principal Place of Business:	
3175 S. CONGRESS AVNEUE SUITE 204 PALM SPRINGS, FL 33461			9761 MAJESTIC W BOYNTON BEACH		
Current N	lailing Addres	ss:	New Mailing Addr	New Mailing Address:	
3175 S. CONGRESS AVNEUE SUITE 204 PALM SPRINGS, FL 33461			9761 MAJESTIC WAY BOYNTON BEACH, FL 33437		
FEI Number	: 65-1045917	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	d Address of (	Current Registered Agent:	Name and Addres	Name and Address of New Registered Agent:	
BOYNTON The above in the State	ÉSTIC WAY N BEACH, FL named entity e of Florida.		purpose of changing its registe	ered office or registered agent, or both,	
SIGNATU		nic Signature of Registered Ag	ent	Date	
Election Ca		g Trust Fund Contribution ( ).			
OFFICER	S AND DIREC	TORS:	ADDITIONS/CHAM	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CASTILLO-LAN 9321 WATERO	) Delete MBOURG, SYLVIA L COURSE WAY ACH, FL 33437	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	CASTILLO, LÙ 9761 MAJESTI		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title <sup>.</sup>	s (	) Delete	Title:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LUCY N. CASTILLO VT 03/11/2005