

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 03, 2004 8:00 am**  
**Secretary of State**

05-03-2004 90674 029 \*\*\*150.00

<b>DOCUMENT # P00000116346</b>					
<b>1. Entity Name</b> LEMAGO, INC.					
<b>Principal Place of Business</b> 4120 VISTA LOG G. 106 KISSIMMEE, FL 34741			<b>Mailing Address</b> 4162 CORSAIR AV 4162 KISSIMMEE, FL 34741		
<b>2. Principal Place of Business</b> 5811 W JRLU BRONSON Suite, Apt. #, etc. 93		<b>3. Mailing Address</b> 14616 VISTA del LAGO BLVD Suite, Apt. #, etc.			
<b>City &amp; State</b> Kissimmee		<b>City &amp; State</b> WINTER GARDEN		<b>4. FEI Number</b> 59-3708695	
<b>Zip</b> 34746		<b>Country</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> TORO, AMANDA 4120 VISTA LOGO CR. #106 KISSIMMEE, FL 34741		<b>7. Name and Address of New Registered Agent</b> Name <u>TORO AMANDA</u> Street Address (P.O. Box Number is Not Acceptable) 14616 VISTA del LAGO BLVD City <u>WINTER GARDEN</u> <u>FL</u> Zip Code <u>34787</u>			
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>04/28/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	GM DIAZ, GONZALO C 4120 VISTA LAGO G. #106 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TORO, AMANDA 4120 VISTA LAGO G #106 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete			
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<b>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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <u>AMANDA TORO</u> <u>04/28/04</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

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