

**FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 14, 2002 8:00 am
Secretary of State

03-14-2002 90331 024 ***150.00

DOCUMENT # *P01000018308*

1. Entity Name

LGX Enterprises, Inc.

DO NOT WRITE IN THIS SPACE

420227

2. Principal Place of Business

1461 NE 169th St

3. Mailing Address

247 SW 8th St

Suite, Apt. #, etc.

#323

Suite, Apt. #, etc.

#116

City & State

Miami, FL

City & State

Miami, FL

4. FEI Number

65-1093318

Applied For

Not Applicable

Zip

33162

Country

USA

Zip

33130

Country

USA

5. Certificate of Status Desired

\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name *JAMES BAUER*

Street Address (P.O. Box Number is Not Acceptable)

328 NW 4th Ave

City *Miami*

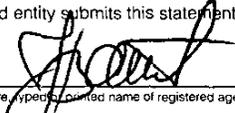
FL

Zip Code

33128

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.

SIGNATURE



JAMES BAUER

01.31.02

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so.
(See criteria on back)

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

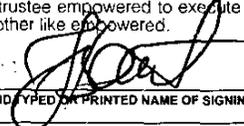
11. OFFICERS AND DIRECTORS

TITLE	<i>P.</i>	TITLE	
NAME	<i>EUGENIA SCHMURKO</i>	NAME	
STREET ADDRESS	<i>1461 NE 169th St #323</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami, FL 33162</i>	CITY-ST-ZIP	
TITLE	<i>D.</i>	TITLE	
NAME	<i>JAMES BAUER</i>	NAME	
STREET ADDRESS	<i>328 NW 4th Ave</i>	STREET ADDRESS	
CITY-ST-ZIP	<i>Miami, FL 33128</i>	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

13. 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 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:



SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

01.31.02 (305)416-6859

Daytime Phone #

CR2E034B (12/01)