

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 26, 2006 8:00 am
Secretary of State

01-26-2006 90046 024 ***150.00

DOCUMENT # P01000107784

1. Entity Name
LG ENTERTAINMENT, INC.



Principal Place of Business
13800 S.W. 8TH STREET
#297
MIAMI, FL 33184

Mailing Address
13800 S.W. 8TH STREET
#297
MIAMI, FL 33184



01212006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-1158443

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

RUIZ, JOHN J PA
198 N.W. 37TH AVENUE
MIAMI, FL 33125

**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 re-registering)

DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D
NAME GONZALEZ, ROBERTO
STREET ADDRESS 13800 SW 8 ST #297
CITY-ST-ZIP MIAMI, FL 33184

TITLE D
NAME LOPEZ, CARLOS
STREET ADDRESS 13800 SW. 8 ST. #297
CITY-ST-ZIP MIAMI, FL 33184

TITLE D
NAME LOPEZ, LUIS R
STREET ADDRESS 13800 SW 8 ST #297
CITY-ST-ZIP MIAMI, FL 33184

TITLE D
NAME PEREZ, ENRIQUE P JR
STREET ADDRESS 13800 SW 8 ST. #297
CITY-ST-ZIP MIAMI, FL 33184

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
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 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 other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-21-2006 305-821-8000