


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 23, 2007 8:00 am**  
**Secretary of State**

02-23-2007 90032 041 \*\*\*150.00

<b>DOCUMENT # P01000107784</b>	
1. Entity Name <b>LG ENTERTAINMENT, INC.</b>	

Principal Place of Business <b>13800 S.W. 8TH STREET #297 MIAMI, FL 33184</b>	Mailing Address <b>13800 S.W. 8TH STREET #297 MIAMI, FL 33184</b>
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2. Principal Place of Business - No P.O. Box # <b>1421 SW 107 AVE #181</b>	3. Mailing Address <b>1421 SW 107 AVE #181</b>
Suite, Apt. #, etc. <b>#181</b>	Suite, Apt. #, etc. <b>#181</b>
City & State <b>MIAMI FL 33174</b>	City & State <b>MIAMI FL 33174</b>
Zip <b>33174</b>	Country <b>FL</b>



02112007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent <b>RUIZ, JOHN J PA 198 N.W. 37TH AVENUE MIAMI, FL 33125</b>	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D GONZALEZ, ROBERTO 13800 SW 8 ST #297 MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1421 SW 107 AVE #181 MIAMI FL 33174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, CARLOS 13800 SW 8 ST #297 MIAMI, FL 33184</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1421 SW 107 AVE #181 MIAMI FL 33174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D LOPEZ, LUIS R 13800 SW 8 ST #297 MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1421 SW 107 AVE #181 MIAMI FL 33174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D PEREZ, ENRIQUE P JR 13800 SW 8 ST #297 MIAMI, FL 33184</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>1421 SW 107 AVE #181 MIAMI FL 33174</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 #

**2-17-2007**