


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000063057 1. Entity Name LGS CONSTRUCTION, INC.	
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Principal Place of Business 801 JAMAICAN DRIVE WEST PALM BEACH, FL 33415	Mailing Address 801 JAMAICAN DRIVE WEST PALM BEACH, FL 33415
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DO NOT WRITE IN THIS SPACE



01232006 No Chg-P CR2E034 (11/05)

4. FEI Number 04-3681976	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ARAGON, MARVIN
801 JAMAICAN DRIVE
WEST PALM BEACH, FL 33415

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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 NAME STREET ADDRESS CITY-ST-ZIP	D ARAGON, MARVIN 801 JAMAICAN DRIVE WEST PALM BEACH, FL 33415
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04/27/06-80033-021 150.00

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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: MARVIN JOSE ARAGON AS PRESIDENT OF LGS. Construct. Inc. 4/11/06- 389-6425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #