


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90066 020 \*\*\*150.00

DOCUMENT # P02000076932	
1. Entity Name LMC MANAGEMENT GROUP, INC.	

Principal Place of Business 7147 NW 71ST TERRACE PARKLAND, FL 33067	Mailing Address 7147 NW 71ST TERRACE PARKLAND, FL 33067
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20013479



2. Principal Place of Business 4240 NE 24 Ave Suite, Apt. #, etc.	3. Mailing Address 4240 NE 24 Ave Suite, Apt. #, etc.
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02142005 Chg-P CR2E034 (10/03)

City & State Lighthouse Point, FL	City & State Lighthouse Point, FL
Zip 33064	Zip 33064
Country USA	Country USA

4. FEI Number 52-2367225	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 RODRIGUEZ, LAURIE 7147 NW 71ST TERRACE PARKLAND, FL 33067	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable) 4240 NE 24 Ave	
City Lighthouse Point	Zip Code FL 33064

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: <i>Laurie D. Rodriguez</i>	DATE: 2/16/05

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RODRIGUEZ, LAURIE 7147 NW 71ST TERRACE PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4240 NE 24 Ave Lighthouse Point, FL 33064
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RODRIGUEZ, CHRISTINA 7147 NW 71ST TERRACE PARKLAND, FL 33067 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4240 NE 24 Ave Lighthouse Point, FL 33064
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
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 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.	
SIGNATURE: <i>Laurie D. Rodriguez</i>	DATE: 2/16/05