


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 09, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000096681 1. Entity Name LME FINANCIAL SERVICES, INC.	
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Principal Place of Business 13120 SW 66 AVENUE PINECREST, FL 33156	Mailing Address 13120 SW 66 AVENUE PINECREST, FL 33156
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DO NOT WRITE IN THIS SPACE



02052004 No Chg-P CR2E034 (10/03)

4. FEI Number 56-2296605	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent EISENACHER, LISA M 13120 SW 66 AVENUE PINECREST, FL 33156
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$150.00 After May 1, 2004 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EISENACHER, LISA M 13120 SW 66 AVENUE PINECREST, FL 33156
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD EISENACHER, HAROLD 13120 S.W. 66 AVE. MIAMI, FL 33156
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<p>000000041953 02/10/04-80003-019 158.75</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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:  Lisa Eisenacher 2-5-04 (305) 666-4900 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>
