

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Jan 10, 2005 08:00 AM

Secretary of State

DOCUMENT # P02000096681

1. Entity Name

LME FINANCIAL SERVICES, INC.



Principal Place of Business

**13120 SW 66 AVENUE
PINECREST, FL 33156**

Mailing Address

**13120 SW 66 AVENUE
PINECREST, FL 33156**



01072005

No Chg-P

CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

56-2296605

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**EISENACHER, LISA M
13120 SW 66 AVENUE
PINECREST, FL 33156**

**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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

**9. Election Campaign Financing
Trust Fund Contribution.**



**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

**TITLE PD
NAME EISENACHER, LISA M
STREET ADDRESS 13120 SW 66 AVENUE
CITY-ST-ZIP PINECREST, FL 33156**

**TITLE VSD
NAME EISENACHER, HAROLD
STREET ADDRESS 13120 S.W. 66 AVE.
CITY-ST-ZIP MIAMI, FL 33156**

**TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP**

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CITY-ST-ZIP**

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CITY-ST-ZIP**

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IN THIS SPACE**

**000001175859
01/10/05-80067-015 158.75**

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-7-05

Date

(786) 246-2146

Daytime Phone #