



2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2004 8:00 am
Secretary of State

01-23-2004 90022 035 ***150.00

DOCUMENT # P02000120293 1. Entity Name L.G. COMMUNICATIONS, INC.					
Principal Place of Business 2360 WEST 68TH STREET SUITE NO. 123 HIALEAH, FL 33016			Mailing Address 2360 WEST 68TH STREET SUITE NO. 123 HIALEAH, FL 33016		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 17690 S.W. 107TH AVENUE 103			
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA		4. FEI Number 35-2187616	
Zip 33157		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DURAN, SAMUEL 2360 WEST 68TH STREET SUITE NO. 123 HIALEAH, FL 33016				7. Name and Address of New Registered Agent Name ROSA A. ARJONA Street Address (P.O. Box Number is Not Acceptable) 17690 S.W. 107TH AVENUE SUITE No. 103 MIAMI FL 33157	
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 <u>ROSA A. ARJONA</u> DATE <u>1/19/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when restateing)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP DURAN, SAMUEL 2360 WEST 68TH STREET SUITE NO. 123 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP DURAN, ELIESER 2360 WEST 68TH STREET SUITE NO. 123 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DURAN, LINDA M 2360 WEST 68TH STREET SUITE NO. 123 HIALEAH, FL 33016	<input checked="" type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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: <u>ROSA A. ARJONA</u> DATE <u>1/19/04</u> DAYTIME PHONE # <u>305-826-7141</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					