

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030627

FILED  
Feb 09, 2004  
Secretary of State

Entity Name: LG BUSINESS MANAGEMENT, CORP

## Current Principal Place of Business:

1820 N. CORPORATE LAKES BLVD  
UNIT 104  
WESTON, FL 33326

## New Principal Place of Business:

1554 SPRING SIDE DR  
WESTON, FL 33326

## Current Mailing Address:

1820 N. CORPORATE LAKES BLVD  
UNIT 104  
WESTON, FL 33326

## New Mailing Address:

1554 SPRING SIDE DR  
WESTON, FL 33326

FEI Number: 27-0050993

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GBS CONSULTANTS  
1290 WESTON RD., SUITE 306-B5  
WESTON, FL 33326 US

## Name and Address of New Registered Agent:

OLIVARES, HOLLY  
1554 SPRING SIDE DR  
WESTON, FL 33326 US

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.

SIGNATURE: HOLLY OLIVARES

02/09/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PVST ( ) Delete  
Name: OLIVARES, HOLLY A  
Address: 1290 WESTON RD., SUITE 306-B5  
City-St-Zip: WESTON, FL 33326

Title: D ( ) Delete  
Name: OLIVARES, HOLLY A  
Address: 1290 WESTON RD., SUITE 306-B5  
City-St-Zip: WESTON, FL 33326

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONZALEZ, LUIS E  
Address: 1554 SPRING SIDE DR  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change ( ) Addition  
Name: LAMBERTI, BLAS  
Address: 1554 SPRING SIDE DR  
City-St-Zip: WESTON, FL 33326

Title: S ( ) Change (X) Addition  
Name: OLIVARES, HOLLY  
Address: 1554 SPRING SIDE DR  
City-St-Zip: WESTON, FL 33326

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS GONZALEZ

P

02/09/2004

Electronic Signature of Signing Officer or Director

Date