

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000030627

FILED  
Apr 27, 2005  
Secretary of State

Entity Name: LG BUSINESS MANAGEMENT, CORP

## Current Principal Place of Business:

1554 SPRING SIDE DR  
WESTON, FL 33326

## New Principal Place of Business:

1235 FAIRLAKE TRACE  
UNIT 513  
WESTON, FL 33326

## Current Mailing Address:

1554 SPRING SIDE DR  
WESTON, FL 33326

## New Mailing Address:

1235 FAIRLAKE TRACE  
UNIT 513  
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:

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

## Name and Address of New Registered Agent:

GONZALEZ, LUIS E  
1235 FAIRLAKE TRACE  
UNIT 513  
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: LUIS E. GONZALEZ

04/27/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

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

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

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

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GONZALEZ, LUIS E  
Address: 1235 FAIRLAKE TRACE, UNIT 513  
City-St-Zip: WESTON, FL 33326

Title: VP (X) Change ( ) Addition  
Name: LAMBERTI, BLAS  
Address: 1235 FAIRLAKE TRACE, UNIT 513  
City-St-Zip: WESTON, FL 33326

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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 E. GONZALEZ

P

04/27/2005

Electronic Signature of Signing Officer or Director

Date