


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90079 049 ***150.00

DOCUMENT # P03000031106			
1. Entity Name LM CONNECTION, INC.			
Principal Place of Business 10400 NW 33RD ST. SUITE 270 MIAMI, FL 33172		Mailing Address 10400 NW 33RD ST. SUITE 270 MIAMI, FL 33172	
2. Principal Place of Business 8150 SW 8 ST.		3. Mailing Address 8150 SW 8 ST.	
Suite, Apt. #, etc. SUITE 121		Suite, Apt. #, etc. SUITE 121	
City & State MIAMI, FLORIDA		City & State MIAMI, FLORIDA	
Zip 33144	Country USA	Zip 33144	Country USA
6. Name and Address of Current Registered Agent BUSTOS, ENNIE E 10400 NW 33RD ST. SUITE 270 MIAMI, FL 33172		7. Name and Address of New Registered Agent Name: LEONARDO GARCIA Street Address (P.O. Box Number is Not Acceptable) 4600 SW 160 AV. #614 City: MIRAMAR FL Zip Code: 33027	
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: LEONARDO GARCIA DATE: 3/10/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</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	D DE GARCIA, MONICA P CALLE LAS VERTIENTES QTA TANGO A-4 LOMAS BARUTA 1080, CARACAS VENEZUEL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LEONARDO CALLE D EDIF CACHAMAY PISO 1 BARUTA 1080, CARACAS VENEZUEL. <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GARCIA, LEONARDO 4600 SW 160 AV. #614 MIRAMAR, FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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: LEONARDO GARCIA		Date: 3/10/04 Daytime Phone #: (786) 3984848	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	