

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000033585

1. Entity Name

LMR PROPERTY MANAGEMENT SERVICES CORP.



Principal Place of Business

3930 RCA BOULEVARD, SUITE 3008
PALM BEACH GARDENS, FL 33410

Mailing Address

3930 RCA BOULEVARD, SUITE 3008
PALM BEACH GARDENS, FL 33410



04122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
37-1462116

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

REINALDO, LILIANA
3930 RCA BOULEVARD, SUITE 3008
PALM BEACH GARDENS, FL 33410

**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

P

NAME

REINALDO, LILIANA

STREET ADDRESS

3930 RCA BOULEVARD, SUITE 3008

CITY - ST - ZIP

PALM BEACH GARDENS, FL 33410

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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U00000357410
05/04/05-80073-019 150.00

**DO NOT WRITE
IN THIS SPACE**

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:

Liliana Reinaldo
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/26/05

Date

561-799-8002

Daytime Phone #

Liliana Reinaldo, Pres.