


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2004 8:00 am
Secretary of State

02-18-2004 90014 050 ***158.75

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| DOCUMENT # P03000034613 | |  |
| 1. Entity Name LMG ADMINISTRATIVE SERVICES, INC. | | |

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| Principal Place of Business 8418 CORAL WAY MIAMI, FL 33155 | Mailing Address 8418 CORAL WAY MIAMI, FL 33155 |
|--|--|

94017701



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|--|----------------|--|----------------|
| 2. Principal Place of Business | | 3. Mailing Address | |
| Suite, Apt. #, etc. 14945 SW 145 ST | | Suite, Apt. #, etc. 14945 SW 145 ST | |
| City & State MIAMI Florida | | City & State MIAMI Florida | |
| Zip 33196 | Country USA | Zip 33196 | Country USA |

02122004 Chg-P CR2E034 (10/03)

| | | |
|--|----------|--|
| 4. FEI Number 57-1157526 | | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="radio"/> \$8.75 Additional Fee Required | | |
| 6. Name and Address of Current Registered Agent | | |
| GUARDIA, LIZ MARIE 8418 CORAL WAY 14945 SW 145 ST MIAMI, FL 33155 MIAMI FL 33196 | | |
| 7. Name and Address of New Registered Agent | | |
| Name N/A | | |
| Street Address (P.O. Box Number is Not Acceptable) | | |
| City A | | |
| City FL | Zip Code | |

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 N/A

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, 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 | PS GUARDIA, LIZ MARIE 8418 CORAL WAY 14945 SW 145 ST MIAMI, FL 33155 MIAMI FL 33196 <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 |
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| 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: Liz M. Guardia LIZ M. Guardia 2/12/04 (305) 498-0047

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #