

2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2007 8:00 am
Secretary of State

02-05-2007 90107 025 ***158.75

DOCUMENT # P03000034613 1. Entity Name LMG ADMINISTRATIVE SERVICES, INC.	
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Principal Place of Business 14945 SW 145 ST. MIAMI, FL 33196	Mailing Address 14945 SW 145 ST. MIAMI, FL 33196
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60011952



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State Zip Country	City & State Zip Country

01222007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent GUARDIA, LIZ MARIE 14945 SW 145 ST MIAMI, FL 33196	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Numbers Not Acceptable) <div style="text-align: center; font-size: 24px; font-weight: bold;">N/A</div> City FL Zip Code
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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 DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	PS	<input type="checkbox"/> Delete	TITLE
NAME	GUARDIA, LIZ MARIE		NAME
STREET ADDRESS	14945 SW 145 ST		STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP
TITLE	P/S	<input type="checkbox"/> Delete	TITLE
NAME	GUARDIA, LIZ M		NAME
STREET ADDRESS	14945 SW 145 ST		STREET ADDRESS
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP
TITLE		<input type="checkbox"/> Delete	TITLE
NAME			NAME
STREET ADDRESS			STREET ADDRESS
CITY-ST-ZIP			CITY-ST-ZIP

V
 Gabriel Guardia
 14945 SW 145 ST
 Miami FL 33196

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Guardia DATE: Jan/22/07 DAYTIME PHONE #: (305) 498-0047
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR