

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000044592

1. Entity Name
LPI GROUP SERVICE INC.



Principal Place of Business
21200 SOUTHWEST 190 AVE.
MIAMI, FL 33187 US

Mailing Address
21200 SOUTHWEST 190 AVE.
MIAMI, FL 33187 US



02182005 No Chg-P CR2E034 (10/03)

4. FEI Number
33-1054545

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

BOND, ROBERT T J
21200 SOUTHWEST 190 AVE.
MIAMI, FL 33187

**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

U000000251242
03/04/05-80042-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	DAVIES, TOM L
STREET ADDRESS	60A ST. GEORGES RD.
CITY-ST-ZIP	ALDERSHOT, HANTS, UK GU124LE
TITLE	VP
NAME	BOND, ROBERT T
STREET ADDRESS	21200 SOUTHWEST 190 AVE.
CITY-ST-ZIP	MIAMI, FL 33187
TITLE	VP
NAME	BAILEY, EDWARD J
STREET ADDRESS	11924 W. FOREST HILL BLVD. SUITE 22-284
CITY-ST-ZIP	WELLINGTON, FL 33414
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-28-05 305-238
8806