2008 FOR PROFIT CORPORATION

May 15, 2008 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P04000015026 05-15-2008 90026 031 ***150.00 1. Entity Name LCM GROUP, INC. Principal Place of Business Mailing Address 711 E. OKEECHOBEE RD. 711 EAST OKEECHOBEE ROAD HIALEAH, FL 33010 HIALEAH, FL 33010 US 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04222008 CR2E034 (12/06) Chg-P Applied For City & State City & State 4. FEI Number Not Applicable 20-0671605 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent LOPEZ, PLACID A Street Address (P.O. Box Number is Not Acceptable) 711 E. OKEECHOBEE RD. HIALEAH, FL 33010 Zip Code City 8. The above named empty submits this flatement 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 the design agent. the obligations of ed agent. SIGNATURE. re, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing **\$5.00** May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. D Change Addition TITLE Delete TITLE PLACIDO A. LOPEZ LOPEZ, PLACIDO A NAME NAME 711 E OKEECHOBEE 2D STREET ADDRESS 1281 NIGHTINGALE AVENUE STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP Change ☐ Addition TITLE Delete TITLE LOPEZ, DAVID P DAVID P. LOPEZ NAME NAME RD 711 E. OKEECHORGE STREET ADDRESS 1281 NIGHTINGALE AVENUE STREET ADDRESS HIALEAH, FL 33010 CITY-ST-ZIP MIAMI SPRINGS, FL 33166 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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 nustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

her like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachme

SIGNATURE:

FILED