2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000127773

LAMAR, CYNTHIA

3028 S. OAKLAND FOREST DR. #3201

FORT LAUDERDALE, FL 33309

Name:

Address:

City-St-Zip:

Entity Name: L & M GLOBAL FUNDING GROUP, INC.

FILED Apr 27, 2005 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:	
3028 S. O. #3201	AKLAND FORE	ST DR.		
	JDERDALE, FL	33309		
Current Mailing Address:			New Mailing Address:	
	AKLAND FORE	ST DR.		
#3201 FORT LAU	JDERDALE, FL	33309		
FEI Number: 42-1643997 FEI Number Applied For (FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()
Name and	d Address of Cu	ırrent Registered Agent:	Name and Address	of New Registered Agent:
#3201 FORT LAU The above	AKLAND FORE: JDERDALE, FL	33309 US	purpose of changing its registere	ed office or registered agent, or both,
SIGNATUI	RE:			
	Electroni	c Signature of Registered Ag	ent	Date
Election Ca	mpaign Financing	Trust Fund Contribution ().		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTOR	
Title: Name: Address: City-St-Zip:	LAMAR, CYNTHI	ID FOREST DR. #3201	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	VP () I MURAT, OFRANI 7608 N. W. 5TH PLANTATION, FL	ST. #J1	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	DEREFAKA, DEF	ID FOREST DR. #3201	Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	S () I MCKAY, VERON 3771 ENVIRON I LAUDERHILL, FI	BLVD. #550	Title: Name: Address: City-St-Zip:	() Change () Addition
City-St-Zip.			• •	

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: CYNTHIA LAMAR P 04/27/2005