
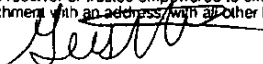


**FILED**  
**Jun 04, 2007 8:00 am**  
**Secretary of State**

05-09-2007 90105 034 \*\*\*150.00

**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P05000015796</b>		
1. Entity Name L G AUTOMOTIVE SERVICES INC		
Principal Place of Business 12288 AREACA DRIVE WEST PALM BEACH, FL 33414		Mailing Address 12288 AREACA DR WEST PALM BEACH, FL 33414
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  LEONID, GERSTEIN 12288 AREACA DRIVE WEST PALM BEACH, FL 33414		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when certifying)</small> DATE _____		
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P GERSTEIN, LEONID 12288 AREACA DRIVE WEST PALM BEACH, FL 33414	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V GERSTEIN, IGOR 12288 AREACA DRIVE WEST PALM BEACH, FL 33414	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	<b>DO NOT WRITE IN THIS SPACE</b>	
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS CITY- ST- ZIP		
TITLE NAME STREET ADDRESS 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 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:  <b>Leo Gerstein</b>		Date <b>5/29/07</b> <b>561-707-6192</b>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Deputy Phone #

66017730



04232007 No Chg-P CR2E034 (11/05)

4. FEI Number  
20-2256552

Applied For
Not Applicable

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

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