

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000149657

Entity Name: L R G CONCEPT INC

FILED
Aug 22, 2008
Secretary of State

Current Principal Place of Business:

29001 SW 157 AVE.
HOMESTEAD, FL 33033

New Principal Place of Business:

29001 SW 157 AVENUE
HOMESTEAD, FL 33033

Current Mailing Address:

29001 SW 157 AVE.
HOMESTEAD, FL 33033

New Mailing Address:

29001 SW 157 AVENUE
HOMESTEAD, FL 33033

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GONZALEZ, LYNN
29001 SW 157 AVE.
HOMESTEAD, FL 33033 US

Name and Address of New Registered Agent:

GONZALEZ, LYNN
29001 SW 157 AVENUE
HOMESTEAD, FL 33033 US

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.

SIGNATURE:

08/22/2008

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P/D () Delete
Name: GONZALEZ, LYNN
Address: 29001 SW 157 AVE.
City-St-Zip: HOMESTEAD, FL 33033

Title: VP () Delete
Name: GONZALEZ, JUAN R
Address: 29001 SW 157 AVE.
City-St-Zip: HOMESTEAD, FL 33033

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change () Addition
Name: GONZALEZ, LYNN
Address: 29001 SW 157 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

Title: VP (X) Change () Addition
Name: GONZALEZ, JUAN R
Address: 29001 SW 157 AVENUE
City-St-Zip: HOMESTEAD, FL 33033

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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.

SIGNATURE: LYNN GONZALEZ

P/D

08/22/2008

Electronic Signature of Signing Officer or Director

Date