

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000153780

Entity Name: LGS TRADING, INC.

FILED  
Apr 06, 2008  
Secretary of State

## Current Principal Place of Business:

208 NW 97 AVE.  
PLANTATION, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

208 NW 97 AVE.  
PLANTATION, FL 33324

## New Mailing Address:

FEI Number: 20-8152705

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

GODFRY, NORMAN  
208 NW 97 AVE.  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: SHAW, MORRIS  
Address: 2004 CROOKED CREEK LANE  
City-St-Zip: ARLINGTON, TX 76006

Title: V ( ) Delete  
Name: GODFRY, NORMAN  
Address: 208 NW 97 AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: T ( ) Delete  
Name: LEVY, FRANCINE  
Address: 2004 CROOKED CREEK LANE  
City-St-Zip: ARLINGTON, TX 76006

Title: S (X) Delete  
Name: WOLFF, RONNIE  
Address: 208 NW 97 AVE.  
City-St-Zip: PLANTATION, FL 33324

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: GODFRY, NORMAN  
Address: 208 NW 97 AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: T (X) Change ( ) Addition  
Name: LEVY, FRANCINE  
Address: 2004 CROOKED CREEK LANE  
City-St-Zip: ARLINGTON, TX 76006

Title: S (X) Change ( ) Addition  
Name: WOLFF, RONNIE  
Address: 208 NW 97 AVE.  
City-St-Zip: PLANTATION, FL 33324

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: NORMAN GODFRY

P

04/06/2008

Electronic Signature of Signing Officer or Director

Date