2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

02-08-2008 90039 027 ***150.00
P06000157641

FILED
08 JUL 22 AM 11:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P06000157641

1. Entity Name
LVG HOLDINGS CORP.

Principal Place of Business	Mailing Address
~~4944 LE JEUNE ROAD~~ CORAL GABLES FL 33146	~~4944 LE JEUNE ROAD~~ CORAL GABLES FL 33146

1st MOORE CR2E034 (10/07)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
123 San Lorenzo Ave	123 San Lorenzo Ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: C Gables FL	City & State: C Gables
Zip: 33146 Country:	Zip: 33146 Country:

4. FEI Number 86-1177617 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
MCPHILLIPS, FRANK L TWO SOUTH BISCAYNE BLVD SUITE 3700 MIAMI FL 33131	Name: Ines Lorenzo Gomez Street Address (P.O. Box Number is Not Acceptable): 123 San Lorenzo Ave City: C Gables FL Zip Code: 33146

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, the registered agent.

SIGNATURE: [signature] 1/30/08
Name of New Registered Agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee Will Be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP LORENZO-GOMEZ, INES 4944 LE JEUNE ROAD CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SEC LORENZO-GOMEZ, INES 4944 LE JEUNE ROAD CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR LORENZO-GOMEZ, INES 4944 LE JEUNE ROAD CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P GOMEZ, ADELIO 4944 LE JEUNE ROAD CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TR GOMEZ, ADELIO 4944 LE JEUNE ROAD CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIR GOMEZ, ADELIO 4944 LE JEUNE ROAD CORAL GABLES FL 33146	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: [signature] 1/30/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

As per telephone conversation with 7/23