

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 20, 2004 08:00 AM
Secretary of State

DOCUMENT # P95000073443

1. Entity Name
L & G SERVICES, INC.



Principal Place of Business
**3515 S.W. 111 AVENUE
MIAMI, FL 33165 US**

Mailing Address
**3515 S.W. 111 AVENUE
MIAMI, FL 33165 US**

DO NOT WRITE IN THIS SPACE



05142004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0609738

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**DIAZ, JORGE
3515 S.W. 111 AVENUE
MIAMI, FL 33165**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and the fee applicable

(NOTE: Registered Agent signature required when registering)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

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

10. OFFICERS AND DIRECTORS

FILE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PST
DIAZ, JORGE
3515 SW 111 AVE
MIAMI, FL 33165**

FILE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**V
GONZALEZ, ALEX
12915 SW 132 AVENUE
MIAMI, FL 33186**

FILE
NAME
STREET ADDRESS
CITY-STATE-ZIP

FILE
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STREET ADDRESS
CITY-STATE-ZIP

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STREET ADDRESS
CITY-STATE-ZIP

U00000161042
05/20/04-80003-008 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ALEX GONZALEZ

5/13/04

305 255-2023

Date

Daytime Phone #