


2004 FOR PROFIT CORPORATION  
ANNUAL REPORT

**FILED**  
**Feb-02, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P96000101206**  
1. Entity Name  
LGI ASSOCIATES, INC.



Principal Place of Business 7650 W 26TH AVE HIALEAH FL 33016 US	Mailing Address 7650 W 26TH AVE HIALEAH, FL 33016 US
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**DO NOT WRITE IN THIS SPACE**



01082004 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0717464	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
  
VENERO, AGUSTIN  
14840 DADE PINE  
MIAMI, FL 33014

**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 *Aluon* DATE 1/16/04  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS VENERO, AGUSTIN F 14840 DADE PINE AVE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVT VENERO, HELENA 14840 DADE PINE AVE MIAMI, FL 33014
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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02/04/04-80129-018 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *Aluon* DATE 1/30/4 DAYTIME PHONE # 305 828-4200  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR