

ANNUAL REPORT

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



FILED
Jan 22, 2007 08:00 AM
Secretary of State

<i>Principal Place of Business</i>	<i>Mailing Address</i>
7650 W 26TH AVE HIALEAH, FL 33016 US	7650 W 26TH AVE HIALEAH, FL 33016 US



01102007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0717464	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** 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: *[Signature]*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1/15/07
 DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

000000595760
 01/23/07-8005-014 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	VENERO, AGUSTIN F
STREET ADDRESS	14840 DADE PINE AVE
CITY - ST - ZIP	MIAMI, FL 33014
TITLE	DVT
NAME	VENERO, HELENA
STREET ADDRESS	14840 DADE PINE AVE
CITY - ST - ZIP	MIAMI, FL 33014
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
 IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental reports 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 to this address, with all other like empowered

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #