


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2008 08:00 A**  
**Secretary of State**

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



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

**DO NOT WRITE IN THIS SPACE**



01032008    No Chg-P    CR2E034 (11/05)

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

**8. 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$350.00**

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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000774370  
 01/07/08-80012-013 150.00

**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 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:** *Agustin Venero*      1/3/08      1.305/528-4702  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #