2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P97000037701

Entity Name: L.G.P.M., INC.

FILED Jul 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 4498 NW 25TH WAY 487 NW 8 ST US BOCA RATON, FL 33434 US BOCA RATON, FL 33487 **Current Mailing Address: New Mailing Address:** 487 NW 8 ST BOCA RATON, FL 33487 US FEI Number: 65-0748062 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: GILLOT, LAURENT M 487 NW 8 ST BOCA RATON, FL 33487 US 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition GILLOT, LAURENT M Name: Name: 487 NW 8 ST Address: Address: City-St-Zip: BOCA RATON, FL 33487 City-St-Zip: Title: Title: () Delete () Change () Addition DO NASCIMENTO SILVA, CARLOS ALBERTO Name: Name: 523 E SAMPLE ROAD, SUITE 109 Address: Address: POMPANO BEACH, FL 33061 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition FERNANDO DA SILVA, WALDECI Name: Name: 523 E SAMPLE RD, SUITE 109 Address: Address: City-St-Zip: POMPANO BEACH, FL 33061 City-St-Zip: Title: () Delete Title: (X) Change () Addition PERRY, STEVEN IVETA, K. DUNN Name: Name: Address: 4214 NW 1ST PLACE Address: 487 NW 8ST City-St-Zip: DEERFIELD BEACH, FL 33442 City-St-Zip: BOCA RATON, FL 33487 Title: Title: () Delete () Change () Addition RAMIREZ, A. JOSE Name: Name: 616 MOFFETT STREET . APT 4 Address: Address: City-St-Zip: HALLANDALE BEACH, FL 33009 City-St-Zip: Title: () Delete Title: () Change (X) Addition Name: Name: NASCIMENTO DA, SILVA ADMILSON Address: Address: 487 NW 8 ST City-St-Zip: City-St-Zip: BOCA RATON, FL 33487

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAURENT M GILLOT PRES 07/06/2006