2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Dec 18, 2006
Secretary of State

DOCUMENT# P97000037701

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

Current Principal Place of Business:

487 NW 8 ST
BOCA RATON, FL 33487 US

New Principal Place of Business:

Current Mailing Address:

487 NW 8 ST
BOCA RATON, FL 33487 US

New Mailing Address:

487 NW 8 ST
BOCA RATON, FL 33432 US

FEI Number: 65-0748062 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GILLOT, LAURENT M
487 NW 8 ST
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

GILLOT, LAURENT M
487 NW 8 ST
BOCA RATON, FL 33432 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: _____ 12/18/2006
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: GILLOT, LAURENT M
Address: 487 NW 8 ST
City-St-Zip: BOCA RATON, FL 33487 US

Title: T (X) Delete
Name: DO NASCIMENTO SILVA, CARLOS ALBERTO
Address: 523 E SAMPLE ROAD, SUITE 109
City-St-Zip: POMPANO BEACH, FL 33061 US

Title: S (X) Delete
Name: FERNANDO DA SILVA, WALDECI
Address: 523 E SAMPLE RD, SUITE 109
City-St-Zip: POMPANO BEACH, FL 33061 US

Title: V (X) Delete
Name: IVETA, K. DUNN
Address: 487 NW 8 ST
City-St-Zip: BOCA RATON, FL 33487 US

Title: O (X) Delete
Name: RAMIREZ, A. JOSE
Address: 616 MOFFETT STREET, APT 4
City-St-Zip: HALLANDALE BEACH, FL 33009 US

Title: O (X) Delete
Name: NASCIMENTO DA, SILVA ADMILSON
Address: 487 NW 8 ST
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition
Name: GILLOT, LAURENT M
Address: 487 NW 8 ST
City-St-Zip: BOCA RATON, FL 33432 US

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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 P 12/18/2006
Electronic Signature of Signing Officer or Director — Date