


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 10, 2003 8:00 am
Secretary of State

03-10-2003 90762 038 ***150.00

DOCUMENT # P97000084589

1. Entity Name
LPI SERVICES, INC.



Principal Place of Business
**8720 SW 9TH TERRACE
MIAMI FL 33174
US**

Mailing Address
**8720 SW 9TH TERRACE
MIAMI FL 33174
US**

2. Principal Place of Business
9600 NW 38th Street

3. Mailing Address
9600 NW 38th Street

Suite, Apt. #, etc.

City & State
Miami; Florida

City & State
Miami; Florida

Zip
33178

Country
USA

Zip
33178

Country
USA



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**LEYVA, RAUL VICTOR
13344 SW 1 TERRACE
MIAMI FL 33126**

4. FEI Number **65-0784005**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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 _____ DATE _____
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, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	LEYVA, RAUL V	
STREET ADDRESS	13344 SW 1 TERRACE	
CITY-ST-ZIP	MIAMI FL 33184	
TITLE	D	<input type="checkbox"/> Delete
NAME	RODRIGUEZ, MIGUEL A	
STREET ADDRESS	300 SW 48TH AVENUE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	D	<input type="checkbox"/> Delete
NAME	DACAS, BRENDA M.	
STREET ADDRESS	15634 NW 12 COURT	
CITY-ST-ZIP	PEMBROKE PINES FL 33028	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	George Demello	
CITY-ST-ZIP	9906 SW Ventura Drive Miami City, FL 34990	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Director	
STREET ADDRESS	Pedro Munoz	
CITY-ST-ZIP	14790 SW 43rd Way, Miami FL 33185	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Mario Hernandez Purno	
STREET ADDRESS	7525 SW 72nd Court	
CITY-ST-ZIP	Miami; FL 33143	Director

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  **3/4/03** **786-845-3900**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (10/02)