

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000104731

FILED  
Jan 24, 2005  
Secretary of State

Entity Name: LM DEVELOPMENT GROUP, INC.

**Current Principal Place of Business:**

3325 S UNIVERSITY DRIVE  
STE 201  
DAVIE, FL 33328

**New Principal Place of Business:**

**Current Mailing Address:**

3325 S UNIVERSITY DRIVE  
STE 201  
DAVIE, FL 33328

**New Mailing Address:**

FEI Number: 65-0881794      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SAVAGE, CRAIG PA  
801 NE 167 ST  
SUITE #302  
NORTH MIAMI BEACH, FL 33162 US

**Name and Address of New Registered Agent:**

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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: LOMBARDI, MICHAEL  
Address: 3325 S UNIVERSITY DR STE 201  
City-St-Zip: DAVIE, FL 33328

Title: D ( ) Delete  
Name: MATZ, BRIAN  
Address: 3325 S UNIVERSITY DR SUITE 201  
City-St-Zip: DAVIE, FL 33328

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

Title: D ( ) Change (X) Addition  
Name: LOMBARDI, BARNEY  
Address: 3325 S UNIVERSITY DRIVE SUITE 201  
City-St-Zip: DAVIE, FL 33328

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MICHAEL LOMBARDI

D

01/24/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date