

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000107004

Entity Name: LNM SERVICES, INC.

FILED
Feb 05, 2007
Secretary of State

Current Principal Place of Business:

205 NE 179TH STREET
MIAMI, FL 33162

New Principal Place of Business:

Current Mailing Address:

205 NE 179 ST
MIAMI, FL 33162

New Mailing Address:

FEI Number: 65-0882913

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MOSELEY, DALE U
8600 PONCE DE LEON RD
MIAMI, FL 33143 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: MOSELEY, DALE U SR
Address: 8600 PONCE DE LEON RD
City-St-Zip: MIAMI, FL 33143

Title: D () Delete
Name: MOSELEY, DALE U JR
Address: 3602 NW 84TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VPST (X) Change () Addition
Name: MOSELEY, DALE U SR
Address: 8600 PONCE DE LEON RD
City-St-Zip: MIAMI, FL 33143

Title: PRES (X) Change () Addition
Name: MOSELEY, DALE U JR
Address: 3602 NW 84TH AVE
City-St-Zip: CORAL SPRINGS, FL 33065

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: DALE U MOSELEY JR

PRES

02/05/2007

Electronic Signature of Signing Officer or Director

Date