2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P99000025031

Entity Name: L.M. ASSOCIATES, INC.

1069 WARREN RD., #5

ITHACA, NY 14850

Address:

City-St-Zip:

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
2800 GLADES CIRCLE SUITE 126				16300 GOLF CLUB ROAD SUITE 105	
WESTON,	, FL 333153555	5 US		WESTON, FL 33326	US
Current Mailing Address:				New Mailing Address:	
2800 GLADES CIRCLE SUITE 126				16300 GOLF CLUB ROAD SUITE 105	
	, FL 333153555	5 US		WESTON, FL 33326	US
FEI Number:	: 65-0907655	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired (X)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
MUNOZ, LUIS J 16300 GOLF CLUB RD SUITE 105 WESTON, FL 33326 US				MUNOZ, LUIS E 16300 GOLF CLUB RD SUITE 105 WESTON, FL 33326 US	
	e named entity s e of Florida.	submits this statement for the p	urpose o	f changing its registered	office or registered agent, or both,
SIGNATURE: LUIS E. MUNOZ					01/07/2008
	Electron	ic Signature of Registered Age	nt		Date
Election Car	mpaign Financing	Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	MUNOZ, LUIS É	LUB RD., STE. 105		Title: (Name: Address: City-St-Zip:	() Change() Addition
Title: Name: Address: City-St-Zip:	MUNOZ, LUIS A	LUB RD STE 105		Title: 0 Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MUNOZ, VIRĞİN	LUB RD STE 105		Title: (Name: Address: City-St-Zip:	() Change() Addition
Title: Name:	T () MUNOZ, LUIS J	Delete		Title: (() Change () Addition

I hereby certify that the information supplied with this filing does not qualify 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.

Address:

City-St-Zip:

SIGNATURE: LUIS E. MUNOZ PD 01/07/2008