


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2007 08:00 A
Secretary of State

DOCUMENT # F95000002571
 1. Entity Name
 LARAMIE LITHIA, INC.



Principal Place of Business
 %MIKE PAPACOSMAS
 201 E KENNEDY BLVD STE.1121
 TAMPA, FL 33632

Mailing Address
 C/OLARAMIE ASSOCIATES
 500 NORTH BROADWAY
 JERICHO, NY 11753



01252007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
 11-3268311 Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

CB RICHARD ELLIS, INC.
 201 S. ORANGE AVE.
 SUITE 1500
 ORLANDO, FL 32801

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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 _____ (NOTE: Registered Agent signature required when reinstating)
 Signature, typed or printed name of registered agent and title if applicable DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00

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

U00000749504
 05/18/07-80022-024 150.00

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	SILVERMAN, MARK
STREET ADDRESS	500 N BROADWAY STE 539
CITY-ST-ZIP	JERICHO, NY 11753
TITLE	V
NAME	BERNSTEIN, CHARLES
STREET ADDRESS	2 MARSEILLE DR.
CITY-ST-ZIP	LATTINGTOWN, NY 11580
TITLE	ST
NAME	SIDERIS, ARISTIDES
STREET ADDRESS	97 LEFFERTS RD.
CITY-ST-ZIP	GARDEN CITY, NY 11530
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  4/25/07 (516) 433-5900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #