FILED
May 01, 2006 8:00 am
Secretary of State

05-01-2006 90347 001 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # H65528

1. Entity Name
C. LAPON REALTY, INC.

Principal Place of Business	Mailing Address
7610 N.W. 186TH STREET MIAMI, FL 33015	7610 N.W. 186TH STREET MIAMI, FL 33015

0-1232006 Chg-P CR2E034 (11/05)

2. Principal Place of Business		3. Mailing Address	
1011 EUCLID AVENUE		1011 EUCLID AVENUE	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: LEIGH HIGH ACRES, FL		City & State: LEIGH HIGH ACRES, FL	
Zip: 33936	Country: USA	Zip: 33936	Country: USA

4. FEI Number: 59-2554883 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAPON, NYDIA
7610 NW 186TH ST
MIAMI, FL 33015

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

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAPON, JULIO A. 7610 NW 186TH ST MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD LAPON, JULIO 1011 EUCLID AVENUE LEIGH HIGH ACRES, FL 33936	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAPON, NYDIA 7610 NW 186TH ST MIAMI, FL 33015	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD LAPON, NYDIA 1011 EUCLID AVENUE LEIGH HIGH ACRES, FL 33936	☒ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

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: Julio A. Lapon 4/25/06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #