


FILED

May 04, 2004 08:00 AM
Secretary of State

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # M57961 1. Entity Name LAGUNA ENTERTAINMENT CORPORATION	
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Principal Place of Business 1855 DAYTONIA RD MIAMI BEACH, FL 33141 US	Mailing Address 1855 DAYTONIA RD MIAMI BEACH, FL 33141 US
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04302004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0074252	Applied For Not Applicable
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5. Certificate of Status Insured <input type="checkbox"/>	\$6.75 Additional Fee Required
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6. Name and Address of Current Registered Agent KONSKI, JOSI W. 1855 DAYTONIA RD MIAMI BEACH, FL 33141	DO NOT WRITE IN THIS SPACE
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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) _____ DATE _____
Signature, typed or printed name of registered agent and file if applicable

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D KONSKI, JOSIE 1855 DAYTONIA RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP SWISER, ETHY 1855 DAYTONIA RD MIAMI BEACH, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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05/05/04-80043-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify 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 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: _____ *[Handwritten Signature]* _____ *4/29/04* _____ *310 277-6630*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #