


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90095 021 \*\*\*150.00

<b>DOCUMENT # P01000054131</b> 1. Entity Name <b>LAFISE SECURITIES CORPORATION</b>					
Principal Place of Business <b>701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131</b>				Mailing Address <b>701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>200 SOUTH BISCAYNE BLVD Suite, Apt. #, etc. 3750</b>				3. Mailing Address <b>200 SOUTH BISCAYNE BLVD. Suite, Apt. #, etc. 3750</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>65-1118255</b>	
Zip <b>33131</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>ZAMORA, MARCELA 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) <b>200 SOUTH BISCAYNE BLVD #3750</b> City <b>MIAMI</b> State <b>FL</b> Zip Code <b>33131</b>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ZAMORA, ROBERTO J 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 SOUTH BISCAYNE BLVD #3750 MIAMI, FLORIDA 33131 US</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ZAMORA, MARIA J 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 SOUTH BISCAYNE BLVD #3750 MIAMI, FLORIDA 33131 US</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>ZAMORA, MARCELA 701 BRICKELL AVENUE SUITE 1460 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>200 SOUTH BISCAYNE BLVD #3750 MIAMI, FLORIDA 33131 US</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input checked="" type="checkbox"/> Delete <b>ARGUELLO, ROBERTO J 701 BRICKELL AVE., STE 1460 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 any address, with all other like empowered.					
<b>SIGNATURE:</b> _____		Date <b>3/31/05</b> Daytime Phone # <b>305-374-6001</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

**50033680**



02152005 Chg-P CR2E034 (10/03)