


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 03, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P01000054131</b>	
1. Entity Name <b>LAFISE SECURITIES CORPORATION</b>	

Principal Place of Business <b>200 SOUTH BISCAYNE BLVD 3750 MIAMI, FL 33131</b>	Mailing Address <b>200 SOUTH BISCAYNE BLVD 3750 MIAMI, FL 33131</b>
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**DO NOT WRITE IN THIS SPACE**



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number  
**65-1118255**

Applied For  
Not Applicable

6. Certificate of Status Desired ☐ **\$8.75** Additional  
Fees Required

5. Name and Address of Current Registered Agent

**ZAMORA, MARCELA  
200 SOUTH BISCAYNE BLVD  
3750  
MIAMI, FL 33131**

**DO NOT WRITE  
IN THIS SPACE**

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 agree to the obligations of registered agent.

SIGNATURE *Marcela Zamora* **5106-14200** **01/11/06**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	<b>150.00</b>
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, ROBERTO J 200 SOUTH BISCAYNE BLVD #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, MARIA J 200 SOUTH BISCAYNE BLVD #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, MARCELA 200 SOUTH BISCAYNE BLVD #3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Marcela Zamora* **Marcela Zamora** **1/11/06** **305-374-0071**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #