


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000108833

1. Entity Name
LAFISE TRADE CORP.



Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD SUITE 3750 MIAMI, FL 33131	Mailing Address 200 SOUTH BISCAYNE BOULEVARD SUITE 3750 MIAMI, FL 33131
---	---

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number 06-1710255	Applied For <input type="checkbox"/> Not Applied
------------------------------------	---

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

6. Name and Address of Current Registered Agent

**ZAMORA, ROBERTO JR.
200 SOUTH BISCAYNE BOULEVARD
SUITE 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 accept the obligations of registered agent.

SIGNATURE _____ *60401* (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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMORA, ROBERTO JR. 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMORA, MARIA JOSEFINA 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, ROBERTO 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

100000388833
01/20/06-80014-016 150.00

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

SIGNATURE: _____ *[Signature]* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *01/12/2006* Daytime Phone # _____