

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000145666

**FILED**  
**Apr 20, 2007**  
**Secretary of State**

**Entity Name:** L & A TECNI GROUP CORP

**Current Principal Place of Business:**

5443 SEALINE BLVD  
GREENACRES, FL 33463

**New Principal Place of Business:**

2154 SW NEWPORT ISLES BLVD.  
PORT SAINT LUCIE, FL 34953 US

**Current Mailing Address:**

5443 SEALINE BLVD  
GREENACRES, FL 33463

**New Mailing Address:**

2154 SW NEWPORT ISLES BLVD.  
PORT SAINT LUCIE, FL 34953

FEI Number: 20-1792094

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RESTREPO, LINA M  
5443 SEALINE BLVD  
GREENACRES, FL 33463 US

**Name and Address of New Registered Agent:**

RESTREPO, LINA M  
2154 SW NEWPORT ISLES BLVD.  
PORT SAINT LUCIE, FL 34953 US

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.

SIGNATURE: LINA M RESTREPO

04/20/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RESTREPO, LINA M  
Address: 5443 SEALINE BLVD  
City-St-Zip: GREENACRES, FL 33463

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: PD (X) Change ( ) Addition  
Name: RESTREPO, LINA M  
Address: 2154 SW NEWPORT ISLES BLVD.  
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LINA M RESTREPO

P

04/20/2007

Electronic Signature of Signing Officer or Director

Date