


2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 11, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000072305 1. Entity Name BATON ROUGE LAND ACQUISITION II, INC.	
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Principal Place of Business 999 YAMATO RD 3RD BOCA RATON FL 33431	Mailing Address 999 YAMATO RD 3RD BOCA RATON FL 33431
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

1st MOORE CR2E034 (10/07)

4. FEI Number 26-0268948	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VAZQUEZ, WILLIAM M 999 YAMATO RD 3RD BOCA RATON FL 33431	
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
FL	Zip Code

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 _____ DATE _____

(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing **\$5.00** May Be Added to Fees
 Trust Fund Contribution.

10. OFFICERS AND DIRECTORS		Delete
TITLE	D	<input type="checkbox"/>
NAME	VAZQUEZ, WILLIAM M	
STREET ADDRESS	999 YAMATO RD 3RD FL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	CEOD	<input type="checkbox"/>
NAME	BARONOLF, PETER	
STREET ADDRESS	999 YAMATO RD 3RD FL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	PD	<input type="checkbox"/>
NAME	KOSLOW, HOWARD	
STREET ADDRESS	999 YAMATO RD 3RD FL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE	TSD	<input type="checkbox"/>
NAME	LEDER, LAWRENCE	
STREET ADDRESS	999 YAMATO RD 3RD FL	
CITY-ST-ZIP	BOCA RATON FL 33431	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		Change	Addition
TITLE	UN0000022469	<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS	02/19/08-80068-013 150.00		
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: *William M. Vazquez* X *Justin...* 1/31/08 561-869-3100

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR