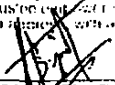


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Jul 24, 2007 8:00 am
Secretary of State

07-24-2007 90039 029 ***158.75

2007 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P06000106595			
1. Entity Name LASC FOORING INC.			
Principal Place of Business 8045 OTT WILLIAMS RD CLERMONT, FL 34714 US		Mailing Address 8045 OTT WILLIAMS RD CLERMONT, FL 34714 US	
2. Principal Place of Business - If P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	County	Zip	County
4. FEI Number 06122007 Chg-P CR2E034 (12/06) 41-2213116		Applied For No: Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent LEIVA, SERGIO A 8045 OTT WILLIAMS ROAD CLERMONT, FL 34714		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: _____			
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Disclosure Contribution ☐ \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE: ☐ Delete NAME: LEIVA, SERGIO A STREET ADDRESS: 8045 OTT WILLIAMS ROAD CITY-STATE-ZIP: CLERMONT, FL 34714		TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: TITLE: ☐ Change ☐ Addition NAME: STREET ADDRESS: CITY-STATE-ZIP: 	
12. I hereby certify that the information supplied on this document is true and correct to the best of my knowledge and belief, 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 person or persons authorized to file this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 10 or Block 11 as changed or unchanged from the information on the last filing.			
SIGNATURE:  Sergio A. Leiva		06-13-07 407-367-8817	