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	Mailing Address
200 SOUTH BISCAYNE BOULEVARD SUITE 3750 MIAMI, FL 33131	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
☐ Not Applic

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 acc the obligations of registered agent.

SIGNATURE 6 01 06
Signature, typed or printed name of registered agent and title if applicable (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	VP
NAME	ZAMORA, ROBERTO JR.
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	ZAMORA, MARIA JOSEFINA
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	PD
NAME	ZAMORA, ROBERTO
STREET ADDRESS	200 SOUTH BISCAYNE BLVD., SUITE 3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000388839
01/20/06-80014-016 150.00

DO NOT WRITE IN THIS SPACE

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 inform... 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 dir... 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: _____ 01/12/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #