FILED May 01, 2007 8:00 am Secretary of State 04-13-2007 90183 028 ***150.00

DOCUMENT # P06000027718 1. Entity Name LAJ WORLD TRADE CORP. INC							9	
Principal Place of Business Mailing Address					1	680	12442	
2209 SW 138TH AVE MIAMI, FL 33175		2209 SW 138TH AVE MIAMI, FL 33175			A SOURCE AND	.		
Principal Place of Business - No P.O. Box # 3. Mailing Address				 ,				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			03272007	Chg-P	CR2E034 (12/06))
City & State		City & State			4. FEI Numbe		′- /a 1 H—	oplied For lot Applicable
Zip	Country	Zip _	Country	·		of Status Desired	\$8.75 Ac Fee Requir	
8. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent Name				
GUERRERO, JAVIER O 2209 SW 138TH AVE			-	Street Address (P.O. Box Number is Not Acceptable)				
MIAMI, FL 33175						· "-		
				City			FL Zip Cox	de
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								
од часта, урвого ретностите о горизетах адентальные и адрисами. Ототь падамина ден					a where reports and the		DATE	
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.	9. Election Campaign Trust Fund Contrib			.00 May Be led to Fees			
10.	OFFICERS AND		11.		ADDITIONS/0	CHANGES TO OFFIC	CERS AND DIRECTOR	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	DP GUERRERO, JAVIER O 2209 SW 138TH AVE MIAMI, FL 33175	☐ Delete	TITLE NAME STREET : CITY-ST	ADDRESS 1-ZIP			☐ Change	☐ Addition
TITLE NAME STREET ADDRESS	DV MORALES, ALVARO A 14863 SW 35TH LN	☐ Delete	TITLE NAME STREET	AODRESS		,	☐ Change	Addition
CITY-ST-ZIP	MIAMI, FL 33185		CITY-ST	I-ZIP				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS LEITE, LUCIANO 14863 SW 35TH LN MIAMI, FL 33185	☐ Delete	TITLE NAME STREET	ADDRESS 1-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS	TD OTERO, FRANK 2209 SW 138TH AVE	☐ Delete		ADDRESS.			☐ Change	Addition
CITY-ST-ZIP	MIAMI, FL 33175		CITY-\$1	1 - Ztp			<u> </u>	
NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET I	ADDRESS			☐ Change	☐ Addition
TITLE NAME		☐ Deficite	TITLE NAME	- 01		·	☐ Change	Add/tion
STREET ADDRESS CITY+ST-ZIP			STREET :	aodress 1-zip				
indicated	certify that the information supplied with lon this report or supplemental report is reporation or the receiver or trustee emp , or on an attachment with an eddress,	s true and accurate and that my	the exemy signatures s requires	iptions contained e shall have the s d by Chapter 607	t in Chapter 119, same legal effect f, Florida Statutes	Florida Statutes, I is as if made under oa ; and that my name	urther certify that the i ith; that I am an office appears in Block 10 c	information r or director or Block 11 if
SIGNAT	or on an attachment with an address.	Treven			4	1/8/2007		