


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Jun 06, 2007 08:00 AM  
Secretary of State**

<b>DOCUMENT # P02000002131</b> 1. Entity Name <b>LALAMA GROUP INC.</b>	
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Principal Place of Business <b>LALAMA GROUP, INC. P.O. BOX 133677 HIALEAH, FL 33013</b>	Mailing Address <b>LALAMA GROUP, INC. P.O. BOX 133677 HIALEAH, FL 33013</b>
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05242007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>80-0023763</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent  <b>LALAMA, MIGUEL ANGEL PO BOX 133677 HIALEAH, FL 33013</b>
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**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 accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
Due by September 14, 2007**

9. Election Campaign Financing  
Trust Fund 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	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>LALAMA, MIGUEL ANGEL P.O. BOX 133677 HIALEAH, FL 33013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <b>ALPHONSO LALAMA, DANIEL P.O. BOX 133677 HIALEAH, FL 33013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>MARIE LALAMA, EMELIE P.O. BOX 133677 HIALEAH, FL 33013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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06/06/07-80001-005 150.00

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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 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 another like empowered.

SIGNATURE:  **Daniel Lalama** 5/22/07 305-992-4089  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #