

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000001454

FILED  
May 06, 2009  
Secretary of State

Entity Name: LAKAY FINANCIAL INTERNATIONAL, INC.

## Current Principal Place of Business:

4621 LAKE WORTH RD  
GREENACRES, FL 33463

## New Principal Place of Business:

6780 SUNSET STRIP  
SUNRISE, FL 33313

## Current Mailing Address:

P.O. BOX 2252  
FORT PIERCE, FL 34954

## New Mailing Address:

FEI Number: 35-2252808      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

JACOB, FRANÇOIS  
9529 SHADOW LANE  
FORT PIERCE, FL 34951      US

## Name and Address of New Registered Agent:

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.  
Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PC ( ) Delete  
Name: FRANCOIS, JACOB  
Address: P.O. BOX 2252  
City-St-Zip: FORT PIERCE, FL 34954

Title: VP ( ) Delete  
Name: FATON, FRANCOIS  
Address: P.O. BOX 2252  
City-St-Zip: FORT PIERCE, FL 34954

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change ( ) Addition  
Name: FRANCOIS, JACOB  
Address: P.O. BOX 2252  
City-St-Zip: FORT PIERCE, FL 34954

Title: PRES (X) Change ( ) Addition  
Name: FATON, FRANCOIS  
Address: 9529 SHADOW LANE  
City-St-Zip: FORT PIERCE, FL 34951

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FATON FRANCOIS

PRES

05/06/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date