

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**FILED
Dec 04, 2006
Secretary of State**

DOCUMENT# 379759

Entity Name: LASA, INC.

Current Principal Place of Business:

400 S. DIXIE HIGHWAY, #3
HALLANDALE BEACH, FL 33009

New Principal Place of Business:

Current Mailing Address:

400 S. DIXIE HIGHWAY, #3
HALLANDALE BEACH, FL 33009

New Mailing Address:

FEI Number: 59-1382591 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

AIZENSTAT, ANA
LASA INC.
400 S. DIXIE HIGHWAY, SUITE 3
HALLANDALE BEACH, FL 33009 US

Name and Address of New Registered Agent:

AIZENSTAT, ISAAC
400 S. DIXIE HIGHWAY, SUITE 3
HALLANDALE BEACH, FL 33009 US

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: ISAAC AIZENSTAT 12/04/2006
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: T () Delete
Name: AIZENSTAT, ANA
Address: 400 S DIXIE HWY #3
City-St-Zip: HALLANDALE, FL 33009

Title: P () Delete
Name: AIZENSTAT, ANA
Address: 400 S DIXIE HWY #3
City-St-Zip: HALLANDALE, FL 33009

Title: V () Delete
Name: AIZENSTAT, ISAAC
Address: 400 S DIXIE HWY
City-St-Zip: HALLANDALE, FL 33009

Title: S () Delete
Name: AIZENSTAT, ISSAAC
Address: 400 SOUTH DIXIE HWY #3
City-St-Zip: HALLANDALE, FL 33009

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: AIZENSTAT, ISAAC
Address: 400 S DIXIE HWY #3
City-St-Zip: HALLANDALE, FL 33009

Title: V (X) Change () Addition
Name: AIZENSTAT, ANA
Address: 400 S DIXIE HWY #3
City-St-Zip: HALLANDALE, FL 33009

Title: S (X) Change () Addition
Name: AIZENSTAT, ISAAC
Address: 400 S DIXIE HWY
City-St-Zip: HALLANDALE, FL 33009

Title: T (X) Change () Addition
Name: AIZENSTAT, ANA
Address: 400 SOUTH DIXIE HWY #3
City-St-Zip: HALLANDALE, FL 33009

I hereby certify that the information supplied with this filing does not qualify for the 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: ISAAC AIZENSTAT P 12/04/2006
Electronic Signature of Signing Officer or Director Date