



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # 427128 1. Entity Name LAL INVESTMENT CORP.		
Principal Place of Business 34-09 QUEENS BOULEVARD LONG ISLAND CITY, NY 11101	Mailing Address 34-09 QUEENS BOULEVARD LONG ISLAND CITY, NY 11101	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent WADHWANI, KANAYO 50 W. MASHTA DR. UNIT 1-A KEY BISCAYNE, FL 33149		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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANI, LAL 34-09 QUEENS BLVD LONG ISLAND CITY, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SANI, DIPO 34-09 QUEENS BLVD LONG ISLAND CITY, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BRAUN, LEONARD 34-09 QUEENS BLVD LONG ISLAND CITY, NY	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 all other like empowered.		
SIGNATURE:  1/4/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> <small>Date</small> <small>Daytime Phone #</small>		



01042007 No Chg-P CR2E034 (11/05)

4. FEI Number 59-1579263	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

U000005933396
01/22/07-80027-013 150.00

**DO NOT WRITE
IN THIS SPACE**