

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 07, 2005 8:00 am**  
**Secretary of State**

02-07-2005 90051 021 \*\*\*150.00

40013323



01192005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F00000002790</b> 1. Entity Name <b>LANBOX, INC.</b>					
Principal Place of Business <b>P.O. BOX 520846</b> <b>MIAMI, FL 33152</b>			Mailing Address <b>P.O. BOX 520846</b> <b>MIAMI, FL 33152</b>		
2. Principal Place of Business <b>1900 NW 97 Avenue</b> Suite, Apt. #, etc.		3. Mailing Address <b>1900 NW 97 Avenue</b> Suite, Apt. #, etc.			
City & State <b>Miami, FL</b>		City & State <b>Miami, FL</b>		4. FEI Number <b>65-1004092</b>	
Zip <b>33172</b>		Country		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPAMERICA, INC.</b> <b>416 SE 15 STREET</b> <b>FORT LAUDERDALE, FL 32301</b>				7. Name and Address of New Registered Agent Name <b>Julio Aninat</b> Street Address (P.O. Box Number is Not Acceptable) <b>1900 N.W. 97 Avenue</b>  City <b>Miami</b> <b>FL</b> Zip Code <b>33172</b>	
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 <b>JULIO ANINAT</b> <b>1-31-05</b> <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVP RAIMUNDO, MARTINEZ 1900 NW 97TH AVE. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUCK, JAVIER 1900 NW 97TH AVE. MIAMI, FL 33172	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HERNANDEZ, ALBERT 1900 NW 97TH AVE. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GULMAN, GUILLERMO 1900 NW 97TH AVE. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANINAT, JULIO 1900 NW 97TH AVE. MIAMI, FL 33172	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMIREZ, ERNESTO 6740 NW 22ND STREET MIAMI, FL 33152	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <b>JULIO ANINAT</b> <b>1/31/05</b> <b>786-265-4800</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					