## 2004 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Mar 12, 2004 8:00 am Secretary of State

| DOCUN<br>1. Entity Name<br>LANIS, INC  |  |  | 03-12-2004 90042 019 ***158.75                  |                    |                  |                                      |                               |                |                               |  |
|--|--|--|---|--------------------|------------------|--------------------------------------|-------------------------------|----------------|-------------------------------|--|
| Principal Place<br>1330 WEST A<br>MIAMI BEACH,   | VENUE, #2104   | Mailing Address<br>1521 ALTON ROAD, #<br>MIAMI BEACH, FL 33  |   |                    | ,                |                                      |                               |                |                               |  |
| 2. Principal Place of Business  1330 West Ave. #2604  Suite, Apt. #, etc.  3. Mailing Address  SAME  Suite, Apt. #, etc. |  |  |   |                    |                  | 03062004 Chg-P CR2E034 (10/03)       |                               |                |                               |  |
| City & State   | ni Beach FC  | City & State   | ly & State                                      |                    |                  | 4. FEI Number<br>13-4136155          |                               |                | Applied For<br>Not Applicable |  |
| Zip 3313   |  | Zip  | Country   |                    | 1                | of Status Desired                    | ×                             | \$8.75 Add     | Sitional                      |  |
|  | 5. Name and Address of Current SERGEI AVENUE, #2194 2604 ICH, FL 33139   | Registered Agent   | Nan<br>Stre                                     | ,                  |                  | Address of New<br>er is Not Acceptab |                               | Agent          |                               |  |
|  |  |  | City  |                    |                  |                                      | FL                            | Zip Cod        | e .                           |  |
| the obligation   | named entity submits this datement to one of registered agent.  Squature, typed or printed name of registered agent.  E NOW!!! FEE IS \$150.00  By 1, 2004 Fee will be \$550.0 | Affective (NO  | TE: Registered Agent ,                          | signature required |                  |                                      | lorida. I am                  | familiar with, | and accept                    |  |
| After Ma   | OFFICERS AND   | 1  | 11.   | — , A00            |                  | CHANGES TO OF                        | FICERS AND                    | DIRECTOR       | S IN 11                       |  |
| NAME<br>STREET ADDRESS   | PS NIKOLAEV, SERGEI 1330 WEST AVENUE, #2404 Qu MIAMI BEACH, FL 33139   | ☐ Delete   | TITLE NAME STREET ADDR CITY-ST-ZIP              | ESS                |                  |                                      |                               | ☐ Change       | Addition                      |  |
| TIÉLE<br>NAME<br>STREET AUDRESS<br>CHY-SI-ZIP  |  | ☐ Delete   | TITLE<br>NAME<br>STREET ADDR<br>GIEY-SI-ZIP     | ESS                |                  | 777                                  |                               | ☐ Change       | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | FITLE NAME STREET ADDA CITY-ST-ZIP              | ESS                |                  |                                      | - +                           | ☐ Change       | ☐ Addition                    |  |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP  |  | ☐ Delete   | TITLE<br>NAME<br>STHEET ADDR<br>GHY-ST-ZIP      | ESS                |                  |                                      |                               | ☐ Change       | Addition                      |  |
| TIPLE NAME STREET ADDRESS CITY-ST-ZIP  |  | □ Delete   | TITLE<br>NAME<br>STREET ADOR<br>CITY - ST - ZIP | ESS                |                  |                                      |                               | ☐ Change       | ☐ Addition                    |  |
| TIFLE NAME SIRELT ADDRESS CITY-ST-ZIP  | en e   | Delete   | TITLE NAME STREET ADDR CITY-ST-ZIP              | ESS                |                  | ):<br>·                              | ** .                          | ☐ Change       | Addition                      |  |
| of the corp  | ertify that the information supplied with on this report or supplemental report is poration or the receiver or trustee emptor or an attachment with an address.                | s true and accurate and that<br>owered to execute this repor | my signature shift as required by               | iall have the      | same lenal etter | rt as it made unde                   | r oath; that i<br>ne appears. | am an officer  | or director                   |  |