

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F01000002498

Entity Name: LANIS, INC.

FILED
Aug 02, 2009
Secretary of State

Current Principal Place of Business:

6450 STATE ROAD 84
DAVIE, FL 33314

New Principal Place of Business:

Current Mailing Address:

6511 NOVA DRIVE
277
MIAMI BEACH, FL 33317

New Mailing Address:

6450 STATE ROAD 84
DAVIE, FL 33314

FEI Number: 13-4136155

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

NIKOLAEV, SERGEI
2830 SW 73 WAY
DAVIE, FL 33314 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: PD () Delete
Name: POST, CHARLES H
Address: 897 S.W. 120TH WAY
City-St-Zip: DAVIE, FL 33325

Title: SD () Delete
Name: NIKOLAEV, SERGEI
Address: 2830 SW 73 ST
City-St-Zip: MIAMI BEACH, FL 33314

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: SERGEI NIKOLAEV

SD

08/02/2009

Electronic Signature of Signing Officer or Director

_____ Date