

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 18, 2005 8:00 am
Secretary of State

04-18-2005 90300 019 ***150.00

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|--|---|--|--|------------------------------------|--|
| DOCUMENT # F04000005465 | | | | | |
| 1. Entity Name LAUDMAR INC. | | | | | |
| Principal Place of Business 9714 OLD KATY ROAD, SUITE 201 HOUSTON, TX 77055 | | | Mailing Address 9714 OLD KATY ROAD, SUITE 201 HOUSTON, TX 77055 | | |
| 2. Principal Place of Business | | 3. Mailing Address P.O. Box 262489 | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State Houston, Texas | | 4. FEI Number 13-2891144 | |
| Zip | | Zip 77207 | | Country USA | |
| Country | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | |
| 6. Name and Address of Current Registered Agent PENINSULA REGISTERED AGENTS, INC. 200 S. BISCAYNE BLVD., SUITE 4000 MIAMI, FL 33131 | | | 7. Name and Address of New Registered Agent | | |
| Name | | | Street Address (P.O. Box Number is Not Acceptable) | | |
| City | | | FL Zip Code | | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 | | 9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | | | |
| 10. OFFICERS AND DIRECTORS | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD SILVA, LUIS 9714 OLD KATY ROAD, SUITE 201 HOUSTON, TX 77055 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Delete | | | | |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change Addition | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | Change 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: _____ LUIS SILVA 4-11-05 | | | | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | | |
| Date Daytime Phone # | | | | | |