


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

| | |
|--------------------------------------------|-----------------------------------------------------------------------------------|
| DOCUMENT # K25030 |  |
| 1. Entity Name LAULEX ENTERPRISES, INC. | |

| | |
|----------------------------------------------------------------------|----------------------------------------------------------|
| Principal Place of Business 1374 N.W. 119TH ST MIAMI, FL 33167 | Mailing Address 1374 N.W. 119TH ST MIAMI, FL 33167 |
|----------------------------------------------------------------------|----------------------------------------------------------|



02182006 No Chg-P CRZE034 (11/05)

DO NOT WRITE IN THIS SPACE

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| 4. FEI Number 65-0051801 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent MARQUEZ, LUIS 7061 W. 14TH CT #3 HIALEAH, FL 33014 |
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | |
|------------------------------------------------|------------------------------------------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARQUEZ, LUIS 7061 W. 14TH CT, #3 HIALEAH, FL |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MARQUEZ, MARIA DEL C. 7061 W. 14TH CT, #3 HIALEAH, FL |
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05/01/06-80069-003 150.00

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IN THIS SPACE**

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: *Maria Del C. Marquez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-06 305-688-3222
Date Daytime Phone