

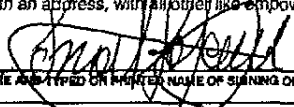


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

Mar 22, 2006 08:00 A
Secretary of State

DOCUMENT # K63099			
1. Entity Name LAPCIUC GROUP, INC.			
Principal Place of Business 1400 NW 87TH AVE. MIAMI, FL 33172	Mailing Address 1400 NW 87TH AVE. MIAMI, FL 33172		
DO NOT WRITE IN THIS SPACE			
		03102006 No Chg-P CR2E034 (11/05)	
		4. FEI Number 65-0101214	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LAPCIUC, MARCOS 1401 NW 88 AVENUE MIAMI, FL 33172		DO NOT WRITE 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)</small> DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	100000476445 04/06/06-80011-001 158.75
10. OFFICERS AND DIRECTORS		DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPCIUC, ISRAEL 1401 N.W. 88TH AVENUE MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPCIUC, MARCOS 1401 N.W. 88TH AVENUE MIAMI, FL		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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: 		✓ 3-20-06 ✓ 305-592-4800	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	