2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2006 08:00 AM
Secretary of State

DOCUMENT # M60168

1. Entity Name
LAFISE CORP.

Principal Place of Business	Mailing Address
200 SOUTH BISCAYNE BLVD 3750 MIAMI, FL 33131 US	200 SOUTH BISCAYNE BLVD 3750 MIAMI, FL 33131 US

DO NOT WRITE IN THIS SPACE

01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0086249

Applied F
Not Applic

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ZAMORA, ROBERTO
200 SOUTH BISCAYNE BLVD
#3750
MIAMI, FL 33131

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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 ac the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

60401

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZAMORA, ROBERTO
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	SD
NAME	DE ZAMORA, MARIA J.T.
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ZAMORA, ENRIQUE
STREET ADDRESS	200 SOUTH BISCAYNE BLVD, #3750
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/20/06-80014-015 150.00

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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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 01/12/2006
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #