


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

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

| | |
|------------------------------------------------------------|------------------------------------------------------------------------------------|
| DOCUMENT # M60168 1. Entity Name LAFISE CORP. |  |
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| Principal Place of Business 200 SOUTH BISCAYNE BLVD 3750 MIAMI, FL 33131 US | Mailing Address 200 SOUTH BISCAYNE BLVD 3750 MIAMI, FL 33131 US |
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01102006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0086249

Applied F.
Not Appl.

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

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| 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 accept the obligations of registered agent.

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

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| 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 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD ZAMORA, ROBERTO 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | SD DE ZAMORA, MARIA J.T. 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ZAMORA, ENRIQUE 200 SOUTH BISCAYNE BLVD, #3750 MIAMI, FL 33131 |
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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 #