

**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 22, 2008 8:00 am**  
**Secretary of State**

05-22-2008 90021 020 \*\*\*150.00

60043531



04302008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0086249	Applied For Not Applicable
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5. Certificate of Status Desired  **\$8.75** Additional Fee Required

DOCUMENT # M60168  
 1. Entity Name  
 LAFISE CORP.



Principal Place of Business 200 SOUTH BISCAYNE BLVD <del>3750</del> 3550 MIAMI, FL 33131 US	Mailing Address 200 SOUTH BISCAYNE BLVD <del>3750</del> 3550 MIAMI, FL 33131 US
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**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent  
 ZAMORA, ROBERTO  
 200 SOUTH BISCAYNE BLVD  
~~3750~~ 3550  
 MIAMI, FL 33131

**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 \_\_\_\_\_ 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, 2008 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	PD ZAMORA, ROBERTO J SR. 200 SOUTH BISCAYNE BLVD, # <del>3750</del> 3550 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMORA, MARIA J 200 SOUTH BISCAYNE BLVD, # <del>3750</del> 3550 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ZAMORA, ENRIQUE 200 SOUTH BISCAYNE BLVD, # <del>3750</del> 3550 MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE 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: [Signature] Date: 4/30/08 Daytime Phone #: 305-774-6001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR