2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000010140

Entity Name: LAMIFA, INC

FILED Apr 18, 2008 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
850 EAST COMMERCIAL BLVD #229 OAKLAND PARK, FL 333334			331	3234 NW 84TH AVENUE 331 SUNRISE, FL 33351		
Current Mailing Address:			New Mailir	New Mailing Address:		
850 EAST COMMERCIAL BLVD #229 OAKLAND PARK, FL 33334			331	3234 NW 84TH AVENUE 331 SUNRISE, FL 33351		
FEI Number: 20-3482396 FEI Number Applied For () FEI Number			El Number Not Appli	cable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:		
ROWE, GLADSTON 2080 NW 78TH AVE SUNRISE, FL 33322 US						
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.						
SIGNATURE:						
		Signature of Registered Agent		Date		
OFFICERS AND DIRECTORS:			ADDITION	S/CHANGES	TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	AHIPEAUD, MAR	/IERCIAL BLVD #229	Title: Name: Address: City-St-Zip:	CEO (X) AHIPEAUD, MA 3234 NW 84TH SUNRISE, FL 3	AVENUE	
Title: Name: Address: City-St-Zip:	T () I MUSSINGTON, N 9026 CANTERBU LAUREN, MD 20	JRY RIDING	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	S ()[ROWE, STACY-A 2080 NW 78TH A SUNRISE, FL 33	\VE	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	ROWE-AHIPEAU	MERCIAL BLVD #229	Title: Name: Address: City-St-Zip:	, ,		
Title: Name: Address: City-St-Zip:	1()	Delete	Title: Name: Address: City-St-Zip:	SCHREIBER, T 3300 N PORT F	Change (X) Addition OM ROYAL DRIVE #437 DALE, FL 33308	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: PETAGAY ROWE D 04/18/2008