## 2007 FOR PROFIT CORPORATION

**FILED** Apr 27, 2007 08:00 AM Secretary of State

# · ·	ANNUAL	REPORT	
DOCUMENT	# P00000075	100	

1. Entity Name

LANIA FINANCIAL GROUP, INC.



Principal Place of Business

Mailing Address

8982 TAFT STREET

8982 TAFT STREET

PEMBROKE PINES, FL 33024

PEMBROKE PINES, FL 33024



## DO NOT WRITE IN THIS SPACE

04242007	No Chg-P	CR2E034 (11/05)		
4. FEI Numbe	r		Applied For	
65-1030289			Not Applicable	
			_	

5. Certificate of Status Desired

\$8.75 Additional Fee Required

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

LANIA, JOSEPH S 8982 TAFT STREET PEMBROKE PINES, FL 33024

## DO NOT WRITE IN THIS SPACE

No Chg-P

<ol> <li>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.</li> </ol>						
SIGNATURE_	Signature, typed or printed name of registered agent and title i	f applicable. (NOTE: Registered A	gent signature	required when reinstating)	DATE	
	E NOWIII FEE IS \$150.00 by 1, 2007 Fee will be \$550.00	Election Campaign Financi Trust Fund Contribution.	ng 🗆	\$5.00 May Be Added to Fees		
10.	OFFICERS AND DIREC	CTORS				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS LANIA, JOSEPH S 8982 TAFT STREET PEMBROKE PINES, FL 33024				U000007227074	
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000737074 05/11/07-80014-003 150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE	
TITLE NAME STREET ADDRESS CITY - ST-ZIP			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-SI-ZIP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information						

indicated on this report or supplied with an analysis of the exemptions contained in Chapter 119. Florida Statutes. Littlifer certify that the information indicated on this report or suppliemental 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:

0544