


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 09, 2007 8:00 am
Secretary of State


07-09-2007 90042 041 ***150.00

DOCUMENT # P00000075641 1. Entity Name MARIO LAINES & ASSOCIATES, INC.	
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Principal Place of Business 317 SW 25TH AVE CAPE CORAL, FL 33991	Mailing Address 317 SW 25TH AVE CAPE CORAL, FL 33991
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DO NOT WRITE IN THIS SPACE

40125400



07032007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1030540	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**LAINES, MARIO
317 SW 25 AVE
CAPE CORAL, FL 33991**

**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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

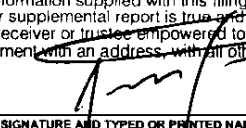
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LAINES, MARIO 317 SW 25 AVE MIAMI, FL 33172
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** **7/1/07** **(239) 878-2510**
Date Daytime Phone #

Mario Laines

* DO NOT SEND A CHECK WITH THE POSTCARD IT WILL BE AUTOMATICALLY REJECTED *
OPTION 3 - **Receive a form by mail** - Allow up to 28 days total processing time.

- Detach this postcard.
- Enter address to mail report to, if different from preprinted address.
- Affix postage on reverse side and mail.

ATTACHMENT

40123260

Document #

P00000075641

MARIO LAINES & ASSOCIATES, INC.
317 SW 25TH AVE
CAPE CORAL FL 33991-1271

Note: This is not a change
to the address of record.



2007



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS
P.O. Box 8700
Tallahassee, Florida 32314

First-Class Mail
U.S. Postage
PAID
State of Florida
84321

NOTICE OF INTENT TO DISSOLVE

0198733 01 AV 0.191 **AUTO T7 0 1203 33991-127117



MARIO LAINES & ASSOCIATES, INC.
317 SW 25TH AVE
CAPE CORAL FL 33991-1271

I Didn't Receive Regular Form by mail
Sorry. I'm Late