, 2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2007 08:00 AM
Secretary of State

DOCUM	ЛENT	#	P0000	000)851	108

1. Entity Name

LANDERS INVESTMENT, CORP.



Principal Place of Business

Mailing Address

18230 SW 228 STREET MIAMI, FL 33170

18230 SW 228 STREET MIAMI, FL 33170



DO NOT WRITE IN THIS SPACE

01112007 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For Not Applied For Not Applied For Status Desired Sand Fee Required

6. Name and Address of Current Registered Agent

DAVILA, ORLANDO 18230 SW 228 STREET MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

8. The above named offitty submits fits staffment 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								
Oldivitorie:	Signature, typed or printed name of registered agent and life if	applicable (NOTE Register	ed Agent signature	required when reinstating)	DATE			
FILE NOWILL FEE 19 3 130.00		Election Campaign Fina Trust Fund Contribution	· -	\$5.00 May Be Added to Fees	000000588605 01/17/07-80077-006 150.00			
10.	OFFICERS AND DIRECTORS							
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME STREET ADDRESS	PD DAVILA, ORLANDO 18230 SW 228 STREET MIAMI, FL 33170 VPD DAVILA, RAQUEL 18230 SW 228 STREET							
CITY - ST - ZIP	MIAMI, FL 33170							
NAME STREET ADDRESS CITY-ST-ZIP	TD DAVILA, DALIA 18230 SW 228 STREET MIAMI, FL 33170		,	DO NOT WRITE				
TITLE NAME	S DAVILA, SILVIO			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 it made under oath; that I am an officer or director of the corporation or the receive 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 addyces, with all other like empowered.

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STREET ADORESS

CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

18230 SW 228 STREET

MIAMI, FL 33170

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #