


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P00000085108</b>	
1. Entity Name LANDERS INVESTMENT, CORP.	

Principal Place of Business 18230 SW 228 STREET MIAMI, FL 33170	Mailing Address 18230 SW 228 STREET MIAMI, FL 33170
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**DO NOT WRITE IN THIS SPACE**



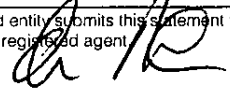
01192008 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1052091	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  DAVILA, ORLANDO 18230 SW 228 STREET MIAMI, FL 33170
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**DO NOT WRITE IN THIS SPACE**

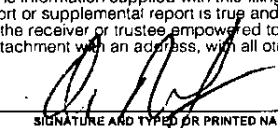
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: 
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DAVILA, ORLANDO 18230 SW 228 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DAVILA, RAQUEL 18230 SW 228 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD DAVILA, DALIA 18230 SW 228 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S DAVILA, SILVIO 18230 SW 228 STREET MIAMI, FL 33170
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000919393  
05/14/08-60002-007 150.00

**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: 	DATE: Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	