

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000102015

Entity Name: LAVIC, INC.

FILED  
Jan 12, 2006  
Secretary of State

## Current Principal Place of Business:

16405 NW 67 AVENUE  
MIAMI LAKES, FL 33104 US

## New Principal Place of Business:

## Current Mailing Address:

16405 NW 67 AVENUE  
MIAMI LAKES, FL 33104 US

## New Mailing Address:

FEI Number: 65-1052095

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MOTHA, J. CANUTE  
5464 NW 170 TR .  
MIAMI, FL 33055 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: MOTHA, CANUTE  
Address: 16405 NW 67TH AVE  
City-St-Zip: MIAMI LAKES, FL 33014

Title: VD ( ) Delete  
Name: MOTHA, CHANDRIKA  
Address: 16405 NW 67 AVENUE  
City-St-Zip: MIAMI LAKES, FL 33104 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CANUTE MOTHA

PD

01/12/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date