

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2005 8:00 am
Secretary of State

04-27-2005 90296 031 ***150.00

DOCUMENT # P01000039537					
1. Entity Name LANK INVESTOR, CORP.					
Principal Place of Business 10800 NW 97TH ST SUITE 101-A MIAMI, FL 33178			Mailing Address 10800 NW 97TH ST SUITE 101-A MIAMI, FL 33178		
2. Principal Place of Business		3. Mailing Address 11003 W. Okeechobee Rd Suite, Apt. #, etc. UNIT #101			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04222005 Chg-P CR2E034 (10/03)	
City & State		City & State HIALEAH GARDENS, FL		4. FEI Number 65-1093301	
Applied For ☐ Not Applicable		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required			
Zip		Country		Zip	
33018		USA		33018	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MOLINA, MARIO 9551 BAHAMA DRIVE MIAMI, FL 33189			Name <u>POMPILO M. PAYAN</u> Street Address (P.O. Box Number is Not Acceptable) 11003 W. OKEECHOBEE RD UNIT 101 City <u>Hialeah Gardens</u> FL Zip Code <u>33018</u>		
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 <u>Pomilio M. Payan PD</u>			DATE <u>4/22/05</u>		
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAYAN, POMPILO 9551 BAHAMA DR. MIAMI, FL 33189	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAYAN POMPILO M. 11003 W. Okeechobee Rd UNIT 101 Hialeah Gardens, FL 33018	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD PAYAN, POMPILO M. 11003 W. OKEECHOBEE Rd #101 Hialeah Gardens, FL 33018	☒ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Change ☐ Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <u>[Signature]</u>			DATE <u>4/22/05</u> DAYTIME PHONE # <u>35-979-5477</u>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					