


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90039 031 \*\*\*150.00

<b>DOCUMENT # P01000091732</b> 1. Entity Name <b>LAICO CORP.</b>					
Principal Place of Business <b>16610 SADDLE CLUB RD. WESTON, FL 33326 US</b>			Mailing Address <b>16610 SADDLE CLUB RD. WESTON, FL 33326 US</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
<b>BERRY, THOMAS H</b> <b>1247 FAIRLAKE TRACE</b> <b>1102</b> <b>WESTON, FL 33326</b>				Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ _____ City _____ <b>FL</b> Zip Code _____	
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><i>Thomas H Berry</i></u> DATE: <u>08/07/06</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>Due by September 8, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PS</b> <b>RIVERO, ISABEL</b> <b>15710 E. WATERSIDE CIR., #203</b> <b>SUNRISE, FL 33326</b>		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <b>BERRY, THOMAS</b> <b>10610 SADDLE CLUB RD.</b> <b>WESTON FL 33326</b>	
	<input checked="" type="checkbox"/> Delete			<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
	<input type="checkbox"/> Delete			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u><i>Thomas H Berry</i></u>			DATE: <u>08/7/06</u>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		

40101020



08072006 Chg-P CR2E034 (11/05)

4. FEI Number <b>65-1138462</b>	Applied For <input type="checkbox"/> Not Applicable
------------------------------------	--

5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
---	---------------------------------------