2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 06, 2007 08:00 AM
Secretary of State

DOCUMENT # P02000002131

1. Entity Name
LALAMA GROUP INC.

Principal Place of Business	Mailing Address
LALAMA GROUP, INC. P.O. BOX 133677 HIALEAH, FL 33013	LALAMA GROUP, INC. P.O. BOX 133677 HIALEAH, FL 33013

05242007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
80-0023763
☐ Applied For
☐ Not Applicable

5. *Certificate of Status Desired* ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

LALAMA, MIGUEL ANGEL
PO BOX 133677
HIALEAH, FL 33013

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** 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

TITLE	PD
NAME	LALAMA, MIGUEL ANGEL
STREET ADDRESS	P.O. BOX 133677
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	V
NAME	ALPHONSO LALAMA, DANIEL
STREET ADDRESS	P.O. BOX 133677
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	S
NAME	MARIE LALAMA, EMELIE
STREET ADDRESS	P.O. BOX 133677
CITY-ST-ZIP	HIALEAH, FL 33013
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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06/06/07-80001-005 150.00

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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: Daniel Lalama 5/22/07 305-992-4089
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #