

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000048636

FILED  
May 02, 2007  
Secretary of State

Entity Name: LANCO INNOVATIVE GROUP, INC.

**Current Principal Place of Business:**

8910 MIRAMAR PARKWAY  
307  
MIRAMAR, FL 33025

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 278494  
HOLLYWOOD, FL 33027

**New Mailing Address:**

FEI Number: 33-1003984

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JOSEPH, LESLYN D MRS.  
20240 NW 32ND AVE  
MIAMI GARDENS, FL 33056 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: MR ( ) Delete  
Name: JOSEPH, NIGEL J  
Address: 20240 NW 32ND AVENUE  
City-St-Zip: MIAMI, FL 33056

Title: MRS ( ) Delete  
Name: JOSEPH, LESLYN D  
Address: 20240 NW 32ND AVENUE  
City-St-Zip: MIAMI, FL 33056

**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 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: LESLYN D. JOSEPH

MRS.

05/02/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date