


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILE**

**Apr 08, 2005  
Secretary**

<b>DOCUMENT # P02000057836</b> 1. Entity Name <b>LAPRADE INVESTMENT CORP</b>	
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Principal Place of Business: <b>201 PARK PLACE STE 318 ALTAMONTE SPRINGS, FL 32701</b>	Mailing Address: <b>201 PARK PLLACE STE 318 ALTAMONTE SPRINGS, FL 32701</b>
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**DO NOT WRITE IN THIS SPACE**



01292005 No Chg-P CR2E034 (10/03)

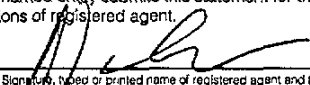
4. FEI Number <b>01-0705772</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  
  
**LAPRADE, KEITH  
8233 BAYWOOD VISTA DRIVE  
ORLANDO, FL 32810**

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IN THIS SPACE**

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: 	(NOTE: Registered Agent signature required when reinstating)	DATE: <b>4-3-2004</b>
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPRADE, GINA 8233 BAYWOOD VISTA DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAPRADE, KEITH 8233 BAYWOOD VISTA DRIVE ORLANDO, FL 32810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CONSTANINO, LAUREANO 35 EAST 10TH STREET, 2A NEW YORK, NY 10003
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CONSTANTINO, JOSE CALLE 61 #4773 APT 304 BARRANQUILLA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COTR MORENO, ESPERANZA I CALLE 61 #4773 APT 304 BARRANQUILLA COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

U00000294153  
01/08/05-80058-011 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 	<b>Keith Laprade</b>	DATE: <b>4-3-2004</b>	Daytime Phone #: <b>501-373-9641</b>
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