

2006 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000072552

FILED
Jun 02, 2006
Secretary of State**Entity Name:** L.A.W. REAL ESTATE INVESTMENTS GROUP, INC.**Current Principal Place of Business:**5300 NW 33RD AVE
STE 202
FT LAUDERDALE, FL 33309**New Principal Place of Business:****Current Mailing Address:**5300 NW 33RD AVE
STE 202
FT LAUDERDALE, FL 33309**New Mailing Address:****FEI Number:** 02-0750362**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**WRAY, LORNE A
17798 SW 28TH STREET
HOLLYWOOD, FL 33029 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

OFFICERS AND DIRECTORS:**Title:** P () Delete
Name: WRAY, LORNE
Address: 17798 S W 28TH STREET
City-St-Zip: HOLLYWOOD, FL 33029**Title:** VP () Delete
Name: WRAY, JULIEN
Address: P.O. BOX 566022
City-St-Zip: MIAMI, FL 33256**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** O () Change (X) Addition
Name: SAMUEL, STEFANIE
Address: 520 NE 129 STREET
City-St-Zip: MIAMI, FL 33161**Title:** O () Change (X) Addition
Name: SAMUEL, MATTHEW
Address: 520 NE 129 STREET
City-St-Zip: MIAMI, FL 33161**Title:** S/T () Change (X) Addition
Name: WRAY, LAURA
Address: 971 ARBOR OAKS LN #101
City-St-Zip: BOCA RATON, FL 33428**Title:** O () Change (X) Addition
Name: MOORE, CAIPHUS
Address: 11371 SW 176 STREET
City-St-Zip: MIAMI, FL 33157

I hereby certify that the information supplied with this filing does not qualify for the 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: LORNE WRAY

P

06/02/2006

Electronic Signature of Signing Officer or Director

Date