



2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000110013 1. Entity Name LANE DIMENSIONS, INC.						FILED 05 JUN 10 AM 11:54 CLERK OF THE STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1811 NW 142ND TERR PEMBROKE PINES, FL 33028				Mailing Address 1811 NW 142ND TERR PEMBROKE PINES, FL 33028			
2. Principal Place of Business 801 Brickell Bay Dr Suite, Apt. #, etc. Unit #765 City & State Miami FL Zip 33131		3. Mailing Address 801 Brickell Bay Dr Suite, Apt. #, etc. Unit #765 City & State Miami FL Zip 33131				03072005 Chg-P CR2E034 (10/03)	
4. FEI Number 54-2080822		Applied For Not Applicable		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent TARAZONA, RUDOLFO 1811 NW 142ND TERR. PEMBROKE PINES, FL 33028				7. Name and Address of New Registered Agent Name Rodolfo Tarazona Street Address (P.O. Box Number is Not Acceptable) 801 Brickell Bay Dr Unit #765 City Miami FL Zip Code 33131			
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>Rodolfo Tarazona</u> <small>Signature, typed or printed name of registered agent and fee, if applicable.</small>				(NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TARAZONA, RODOLFO 1811 NW 142ND TERR PEMBROKE PINES, FL 33028			TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Rodolfo Tarazona 801 Brickell Bay Dr Unit #765 Miami FL 33131		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Loaiza, Isabel 801 Brickell Bay Dr Unit #765 Miami FL 33131			TITLE NAME STREET ADDRESS CITY-ST-ZIP	900056400909 06/21/05--01061--001 **150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]			TITLE NAME STREET ADDRESS CITY-ST-ZIP	[Empty]		
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: <u>Rodolfo Tarazona</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				06-2-05 <small>Date</small>			

Division of Corporations
P.O. BOX 6327
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$150.00 for the annual report fee with my application.

We did not receive the U.B.R. for the year 2005 or any other notice from the Division of Corporations in respect with the Corporation, **LANE DIMENSIONS, INC.**

Thank you for your courtesy in this matter.


RODOLFO TARAZONA
PRESIDENT