

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90263 001 ***150.00
 03-13-2006 90263 002 *****8.75

DOCUMENT # P02000110013

1. Entity Name
LANE DIMENSIONS, INC.



Principal Place of Business Mailing Address

**801 BRICKELL BAY DR, UNIT 765
 MIAMI, FL 33131** **801 BRICKELL BAY DR, UNIT 765
 MIAMI, FL 33131**

2. Principal Place of Business 3. Mailing Address

19494 Hampton Dr **19494 Hampton Dr**

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Boca Raton, FL **Boca Raton, FL**

Zip Country Zip Country

33434 **USA** **33434** **USA**

66004789



03062006 Chg-P - CR2E034 (11/05)

4. FEI Number Applied For

54-2080822 Not Applicable

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

6. Name and Address of Current Registered Agent

TARAZONA, RUDOLFO
801 BRICKELL BAY DR, UNIT 765
MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name **Garfield Heron**

Street Address (P.O. Box Number is Not Acceptable)
19494 Hampton Dr

City **Boca Raton** **FL** Zip Code **33434**

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 *Garfield Heron* **Garfield Heron** **3/9/06**

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

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$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 801 BRICKELL BAY DR, UNIT 765 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Garfield Heron 19494 Hampton Dr Boca Raton, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LOAIZANA, ISABEL 801 BRICKELL BAY DR, UNIT 765 MIAMI, FL 33131 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Keiko Ishibashi 19494 Hampton Dr Boca Raton, FL 33434 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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: *Garfield Heron* **Garfield Heron** **3/9/06** **786 897 8528**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #