

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 22, 2007 8:00 am
Secretary of State

02-22-2007 90027 033 ***150.00

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1. Entity Name
LAXPORT CORPORATION



Principal Place of Business
**1347 VERAERUZ LN
FORT LAUDERDALE, FL 33327**

Mailing Address
**1347 VERAERUZ LN
FORT LAUDERDALE, FL 33327**

60018268



02122007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0750146

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**ARENAS, MARIA N
1347 VERAERUZ LN
WESTON, FL 33327**

**DO NOT WRITE
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 _____

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, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ARANGO, JAIRO ALBERTO
STREET ADDRESS	6701 NW 7TH STREET, #105
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	VD
NAME	ARANGO, MARGARITA M
STREET ADDRESS	6701 NW 7TH STREET, #105
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	SD
NAME	LOPEZ, LUZ AMPARO
STREET ADDRESS	6701 NW 7TH STREET, #105
CITY - ST - ZIP	MIAMI, FL 33126
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Saino A. O. roudo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02 13 07 994 3891431

Date

Daytime Phone #