


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 31, 2008 08:00 AM
Secretary of State

DOCUMENT # P02000115779	
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
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DO NOT WRITE IN THIS SPACE



01222008 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0750146	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

ARENAS, MARIA N
1347 VERAERUZ LN
WESTON, FL 33327

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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 Maria N. Arenas MARIA N. ARENAS 01 29 08
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, 2008 Fee will be \$550.00

9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**

U000000806854
02/06/08-80058-008 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ARANGO, JAIRO ALBERTO 1347 VERACRUZ LN. WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD ARANGO, MARGARITA M 1347 VERACRUZ LN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LOPEZ, LUZ AMPARO 1347 VERACRUZ LN WESTON, FL 33327
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Maria N. Arenas MARIA N. ARENAS 01 29 08 9543891431
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #