

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P02000115779

Entity Name: LAXPORT CORPORATION

FILED
Feb 23, 2009
Secretary of State

Current Principal Place of Business:

1347 VERAERUZ LN
FORT LAUDERDALE, FL 33327

New Principal Place of Business:

Current Mailing Address:

1347 VERAERUZ LN
FORT LAUDERDALE, FL 33327

New Mailing Address:

FEI Number: 01-0750146

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ARENAS, MARIA N
1347 VERAERUZ LN
WESTON, FL 33327 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: PD () Delete
Name: ARANGO, JAIRO ALBERTO
Address: 1347 VERACRUZ LN.
City-St-Zip: WESTON, FL 33327

Title: VD () Delete
Name: ARANGO, MARGARITA M
Address: 1347 VERACRUZ LN
City-St-Zip: WESTON, FL 33327

Title: SD (X) Delete
Name: LOPEZ, LUZ AMPARO
Address: 1347 VERACRUZ LN
City-St-Zip: WESTON, FL 33327

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: JAIRO ALBERTO ARANGO

PD

02/23/2009

Electronic Signature of Signing Officer or Director

Date