

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000127555

Entity Name: LACE UP SOLUTIONS, INC.

FILED
Jan 10, 2005
Secretary of State

Current Principal Place of Business:

1040 FALCON AVE
MIAMI SPRINGS, FL 33166 US

New Principal Place of Business:

Current Mailing Address:

1040 FALCON AVE
MIAMI SPRINGS, FL 33166 US

New Mailing Address:

FEI Number: 54-2084770

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IZQUIERDO, MICHEL
1040 PALMETTO DR
MIAMI SPRINGS, FL 33166 US

Name and Address of New Registered Agent:

IZQUIERDO, MICHEL
1040 FALCON AVE
MIAMI SPRINGS, FL 33166 US

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: MICHEL IZQUIERDO

01/10/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: IZQUIERDO, MICHEL
Address: 1040 FALCON AVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

Title: D () Delete
Name: MACHIN, IGNACIO
Address: 1040 FALCON AVE
City-St-Zip: MIAMI SPRINGS, FL 33166 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: MICHEL IZQUIERDO

PRES

01/10/2005

Electronic Signature of Signing Officer or Director

Date