

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000040644	
1. Entity Name LAUMAN INT'L, INC.	
Principal Place of Business 8449 NW 193 LANE MIAMI, FL 33015	Mailing Address 8449 NW 193 LANE MIAMI, FL 33015



DO NOT WRITE IN THIS SPACE

03132005 No Chg-P CR2E034 (10/03)

4. FEI Number 57-1162269	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROMERO, MANUEL
1650 WEST 44TH PLACE SUITE 211
HIALEAH, FL 33012**

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2005 Fee will be \$550.00**

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

1000000280840
03/30/05-80030-025 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMERO, MANUEL 1650 WEST 44TH PLACE SUITE 211 HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANTUNEZ, LAURA M 1650 WEST 44TH PLACE SUITE 211 HIALEAH, FL 33012
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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 life empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Manuel Romero

Date

03/28/05

Daytime Phone #