

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

FILED
Apr 17, 2008 08:00 AM
Secretary of State



04102008 No Chg-P CR2E034 (11/05)

4. FEI Number

57-1162269

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

ROMERO, MANUEL
8449 NW 193 LANE
HIALEAH, FL 33015

**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, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000903154
04/30/08-80035-003 150.00

10. OFFICERS AND DIRECTORS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/14/08