

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 05, 2005 8:00 am
Secretary of State

04-05-2005 90056 027 ***150.00

DOCUMENT # P03000108833					
1. Entity Name LAFISE TRADE CORP.					
Principal Place of Business 200 SOUTH BISCAYNE BOULEVARD SUITE 3750 MIAMI, FL 33131			Mailing Address 200 SOUTH BISCAYNE BOULEVARD SUITE 3750 MIAMI, FL 33131		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		02152005 Chg-P CR2E034 (10/03)	
4. FEI Number APPLIED FOR 06-1710255				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ZAMORA, ROBERTO JR. 200 SOUTH BISCAYNE BOULEVARD SUITE 3750 MIAMI, FL 33131			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ZAMORA, ROBERTO JR. 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ZAMORA, MARIA JOSEFINA 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ZAMORA, ROBERTO 200 SOUTH BISCAYNE BLVD., SUITE 3750 MIAMI, FL 33131	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete			
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 like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			3/31/05 305-374-6001 Date Daytime Phone #		

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