


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2005 8:00 am
Secretary of State

04-29-2005 90277 040 ***150.00

DOCUMENT # P03000151885					
1. Entity Name LAGANA MAINTENANCE & CONSTRUCTION, INC.					
Principal Place of Business 4868 N.E. 12TH AVENUE OAKLAND PARK, FL 33334			Mailing Address 4868 N.E. 12TH AVENUE OAKLAND PARK, FL 33334		
2. Principal Place of Business 4801 S. University Drive			3. Mailing Address 4801 S. University Dr.		
Suite, Apt. #, etc. Suite 205A			Suite, Apt. #, etc. Suite 205A		
City & State Davie, FL 33328			City & State Davie, FL 33328		
Zip 33328		Country Broward		4. FEI Number Obtained APPLIED FOR 56-2462077	
5. Certificate of Status Desired <input type="checkbox"/>		8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent WITTE, MELVIN J 4868 N.E. 12TH AVENUE OAKLAND PARK, FL 33334			7. Name and Address of New Registered Agent Name CARMELO LAGANA Street Address (P.O. Box Number is Not Acceptable) 4801 S. University Drive Suite 205A City Davie FL Zip Code 33328		
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 Carmelo Lagana <small>Signature, typed or printed name of registered agent and title if applicable.</small>			April 26, 2005 <small>DATE</small>		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTS LAGANA, CARMELO 4868 N.E. 12TH AVENUE OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	4801 S. University Dr., Ste.205A Davie, FL 33328	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V WITTE, MELVIN J 4868 N.E. 12TH AVENUE OAKLAND PARK, FL 33334	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: Carmelo Lagana, President <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			April 26, 2005 680-1567 <small>Date Daytime Phone #</small>		