


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90210 021 ***150.00

DOCUMENT # P03000157556	
1. Entity Name LAHORE, CORP.	

Principal Place of Business 1808 MIAMI ROAD # 2 FORT LAUDERDALE, FL 33316	Mailing Address 1808 MIAMI ROAD # 2 FORT LAUDERDALE, FL 33316
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2. Principal Place of Business 1910 MIAMI ROAD Suite, Apt. #, etc. # 5 City & State FORT LAUDERDALE FL Zip 33316 Country USA	3. Mailing Address 1910 MIAMI ROAD Suite, Apt. #, etc. # 5 City & State FORT LAUDERDALE FL Zip 33316 Country USA
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02052006 Chg-P CR2E034 (11/05)

4. FEI Number 20-0524729	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 LAHORE, ESTEBAN M 1808 MIAMI ROAD # 2 FORT LAUDERDALE, FL 33316	7. Name and Address of New Registered Agent Name LAHORE ESTEBAN M Street Address (P.O. Box Number is Not Acceptable) 1910 MIAMI ROAD # 5 City FORT LAUDERDALE FL Zip Code 33316
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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, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAHORE, ESTEBAN M 1808 MIAMI ROAD # 2 FORT LAUDERDALE, FL 33316 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAHORE ESTEBAN M 1910 MIAMI ROAD # 5 FORT LAUDERDALE FL 33316 <input checked="" 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
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 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: _____ **4/24/06 754-246-1836**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #