


FILED  
Mar 14, 2005 8:00 am  
Secretary of State

03-14-2005 90072 011 \*\*\*150.00

2005 FOR PROFIT CORPORATION  
ANNUAL REPORT

<b>DOCUMENT # P04000013541</b>			
1. Entity Name LAGE IMPORT & EXPORT, CORP.			
Principal Place of Business 7061 GRAND NATIONAL DR. SUITE 105R ORLANDO, FL 32819		Mailing Address 7061 GRAND NATIONAL DR. SUITE 105R ORLANDO, FL 32819	
2. Principal Place of Business <u>7061 GRAND NATIONAL</u> Suite, Apt. #, etc. <u>142</u> City & State <u>ORLANDO</u> Zip <u>32819</u> Country <u>ORANGE</u>		3. Mailing Address <u>7061 GRAND NATIONAL</u> Suite, Apt. #, etc. <u>142</u> City & State <u>ORLANDO</u> Zip <u>32819</u> Country <u>ORANGE</u>	
4. FEI Number <u>20-0631991</u>		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 DE BARROS LAGE, EVERSON 7061 GRAND NATIONAL DR. SUITE 105R ORLANDO, FL 32819		7. Name and Address of New Registered Agent Name <u>EVERSON DEBARROS LAGE</u> Street Address (P.O. Box Number is Not Acceptable) <u>6567 PICCADILLY LANE</u> City <u>ORLANDO FL</u> Zip Code <u>32835</u>	
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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		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	PD DE BARROS LAGE, EVERSON 6567 PICCADILLY LANE ORLANDO, FL 32835 <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
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: <u>[Signature]</u>		03/14/05 (407) 509 0646	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	