
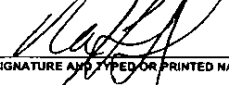


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Aug 14, 2006 8:00 am**  
**Secretary of State**

08-14-2006 90038 033 \*\*\*150.00

DOCUMENT # P04000045434			
1. Entity Name R. LAGO CORPORATION			
Principal Place of Business 9818 BERNWOOD PLACE DRIVE SUITE 206 FORT MYERS, FL 33912		Mailing Address 9818 BERNWOOD PLACE DRIVE SUITE 206 FORT MYERS, FL 33912	
2. Principal Place of Business 3905 5 <sup>th</sup> St West Suite, Apt. #, etc.		3. Mailing Address 3905 5 <sup>th</sup> St West Suite, Apt. #, etc.	
City & State Lehigh Acres FL		City & State Lehigh Acres FL	
Zip 33971	Country USA	Zip 33971	Country USA
4. FEI Number 20-0852320		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 LAGO, RAFAEL 9818 BERNWOOD PLACE DRIVE SUITE 206 FORT MYERS, FL 33912		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 3905 5 <sup>th</sup> Street West City Lehigh Acres FL Zip Code 33971	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LAGO, RAFAEL 118 WEST 35 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Lago, Rafael 3905 5 <sup>th</sup> Street West Lehigh Acres FL 33971 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LAGO, JULIO R 118 WEST 35 STREET HIALEAH, FL 33012 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Lago, Julio R 3905 5 <sup>th</sup> Street West Lehigh Acres FL 33971 <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	S Rodriguez, Orlando 9842 BERNWOOD PL DR Apt 302 Fort Myers FL 33966 <input type="checkbox"/> Change <input checked="" 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
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: 		Date	8/8/06 (239) 425-7789
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	Daytime Phone #