2007 FOR PROFIT CORPORATION

FILED Jul 19, 2007 8:00 am Secretary of State

ANNUAL REPURI			~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	-
DOCUMENT # P0400004 1. Entity Name R. LAGO CORPORATION	45434			7 90022 028 ***150.00
Principal Place of Business	Mailing Address		4012597	3
3905 5TH ST WEST	3905 5TH ST WEST	14		
LEHIGH ACRES, FL- 33971	L EHIGH ACRES, FL- 3397	7		
Principal Place of Business - No P.O. Box #	3. Mailing Address			
	5W 3509 9 4	Street SW		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		07172007 Chg-P	CR2E034 (12/06)
Lehigh Acres FL	Lehigh Acre		4. FEI Number 20-0852320	Applied For Not Applicable
Zip Country USA	33971	Country USA	5. Certificate of Status Desired	\$8.75 Additional Fee Required
6. Name and Address of Curr	ent Registered Agent	Name ()	7. Name and Address of New	Registered Agent
RODRIGUEZ, ORLANDO			ALL LAGO	
3 905 5TH ST WEST LEHIGH ACRES, FL 33971		Street Address 3509	(P.O. Box Number is Not Accepta	Sw
		ļ		
	2	cityLehio	ih Acrew	FL Zig Code 71
The above named entity submits this statement the obligations of registered agent	to the purpose of changing its re	egistered office or registe	red agent, or both, in the State of	Florida. I am familiar with, and accept
ller till	Raza	nel LAGO	- President	07/16/07
SIGNATURE Signature, typed or printed name of pegistered a	gent and title if applicable (NOTE F	Registered Agent signature require		DATE
FILE NOW!!! FEE IS \$150.00	9. Election Campaign	n Financing \$5	.00 May Be In accordance	with s. 607.193(2)(b), F.S., the
Due by September 14, 2007	Trust Fund Contrib	oution. \square Add	led to Fees corporation di	id not receive the prior notice.
T	ND DIRECTORS	11.	ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 11
TITLE P NAME LAGO: FAFAEL	Delete	IITLE P	go, RafaeL	Change 🔀 Addition
STREET ADDRESS 3905-5TH ST WEST		STREET ADDRESS 350	22 Jan Strent ;	
CITY-SI-ZIP LEHIGH AGRES, FL-33971. TITLE VP	Detele	ritle Le	nigh Aeres, FC	. 3397) ☆ Change □ Addition
NAME LAGO, JULIO R	L_J Delete	NAME		
STREET ADDRESS 3905-5TH-ST-WEST CITY-ST-ZIP LEHIGH AGRES, FL-33971		STREET ADDRESS 35		ς. 33971
TITLE S	□ Delete	TITLE	nigh Herres 17	Change Addition
NAME RODRIGUEZ, ORLANDO		NAME 35	09 9th Street	C+02
STREET ADDRESS 3905 5TH STREET-WEST CITY-ST-ZIP LEHIGH-ACRES, FL- 33971		STREET ADDRESS 55	09 9th Street high Acres	F. 33971
TITLE			110,00	1
NAME	☐ Delete	TITLE	,	☐ Change ☐ Addition
STREET ADDRESS	☐ Oelete	NAME	,	☐ Change ☐ Addition
STREE1 ADDRESS CITY-ST-ZIP	☐ Delete	,,,r,r	,	☐ Change ☐ Addition
CITY-ST-ZIP TITLE	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP		Change Addition
CITY-ST-ZIP		NAME STREET ADDRESS CITY-ST-ZIP		Addition
CITY-ST-ZIP TITLE NAME		NAME STREET ADDRESS CITY-SI-ZIP TILLE NAME		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE		Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER S