

2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

07-19-2007 90022 028 ***150.00

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| DOCUMENT # P04000045434 | | | |
| 1. Entity Name R. LAGO CORPORATION | | | |
| Principal Place of Business 3905 5TH ST WEST LEHIGH ACRES, FL 33971 | | Mailing Address 3905 5TH ST WEST LEHIGH ACRES, FL 33971 | |
| 2. Principal Place of Business - No P.O. Box # 3509 9th Street SW | | 3. Mailing Address 3509 9th Street SW | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State Lehigh Acres FL | | City & State Lehigh Acres FL | |
| Zip 33971 | Country USA | Zip 33971 | Country USA |
| 6. Name and Address of Current Registered Agent RODRIGUEZ, ORLANDO 3905 5TH ST WEST LEHIGH ACRES, FL 33971 | | 7. Name and Address of New Registered Agent Name: RAFAEL LAGO Street Address (P.O. Box Number is Not Acceptable): 3509 9th Street SW 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: RAFAEL LAGO - President DATE: 07/16/07 | | | |
| FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007 | | 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: P NAME: LAGO, RAFAEL STREET ADDRESS: 3905 5TH ST WEST CITY-ST-ZIP: LEHIGH ACRES, FL 33971 | <input checked="" type="checkbox"/> Delete | TITLE: P NAME: LAGO, RAFAEL STREET ADDRESS: 3509 9th Street SW CITY-ST-ZIP: Lehigh Acres, FL. 33971 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE: VP NAME: LAGO, JULIO R STREET ADDRESS: 3905 5TH ST WEST CITY-ST-ZIP: LEHIGH ACRES, FL 33971 | <input type="checkbox"/> Delete | TITLE: VP NAME: LAGO, JULIO R STREET ADDRESS: 3509 9th Street SW CITY-ST-ZIP: Lehigh Acres, FL. 33971 | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE: S NAME: RODRIGUEZ, ORLANDO STREET ADDRESS: 3905 5TH STREET WEST CITY-ST-ZIP: LEHIGH ACRES, FL 33971 | <input type="checkbox"/> Delete | TITLE: S NAME: RODRIGUEZ, ORLANDO STREET ADDRESS: 3509 9th Street SW CITY-ST-ZIP: 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: _____ | <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: | | Date: 07/14/07 Daytime Phone #: (239) 425-7789 | |