2005 FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
May 31, 2005 8:00 am
Secretary of State

05-03-2005 90084 006 ***150.00

DOCUMENT # P04000051276

1. Entity Name
LAKEC EXPORT INC

Principal Place of Business	Mailing Address
7925 NW 12 STREET STE 407 MIAMI, FL 33126	7925 NW 12 STREET STE 407 MIAMI, FL 33126

66020239

04062005 Chg-P CR2E034 (10/03)

2. Principal Place of Business		3. Mailing Address	
7955 NW 12TH STREET		7955 NW 12TH STREET	
Suite, Apt. #, etc.: SUITE 400		Suite, Apt. #, etc.: SUITE 400	
City & State: DORAL, FL		City & State: DORAL, FL	
Zip: 33126	Country: USA	Zip: 33126	Country: USA

4. FEI Number: APPLIED FOR ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

CRUZ, EDUARDO
7925 NW 12 STREET STE 407
MIAMI, FL 33126

7. Name and Address of New Registered Agent

Name: EDUARDO CRUZ
Street Address (P.O. Box Number is Not Acceptable): 7955 NW 12TH STREET
SUITE 400
City: DORAL FL Zip Code: 33126

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: X [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, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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	PST CRUZ, EDUARDO 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PST EDUARDO CRUZ 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP TAPIA, ALEXIS 7925 NW 12 STREET, SUITE 407 MIAMI, FL 33126	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP ALEXIS TAPIA 7955 NW 12TH STREET SUITE 400 DORAL, FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	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 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #