2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90436 049 ***150.00

1. Entity Name	MENT # P04000080 LANTIC USA INCORPORA						30.00		
Principal Place of Business 3057 NE 16TH AVE OAKLAND PARK, FL 33334 2. Principal Place of Business		Mailing Address 3057 NE ISHHAVE OAKLAND PARK, FL 33334 3144, Broadway							
Suite, Apt.	7 HE 16 -	, , , , , , , , , , , , , , , , , , ,	. M.l	3,125		1311 1131 1141 1141 1141 EI	ELI OGIE: 10A) 6A)		180 H INTI
City & State	-NUE	Suite. Apt. \$ etc. City & State			03242005 4. FEI Numb	Chg-P	CHZEC	34 (10/03) IMADI	plied For
OAL	LANDPARK	CALI		RNIA	4. 1217181110			No	t Applicable
33333		Zip 95501	Count	<u> </u>		e of Status Desired	<u> </u>	\$8.75 Add Fee Required	
	6. Name and Address of Current	Registered Agent		Name	7. Name and	d Address of New	Registered A	gent	
SULTANA, SHAMIMA 3057 NE 16TH AVE				Street Address (P.O. Box Number is Not Acceptable)					
	PARK, FL 33334								
	i.			City			FL	Zip Code	e
8. The above	named entity submits this statement fo	r the purpose of changing its	registere	ed office or registe	ered agent, or bo	oth, in the State of F		amiliar with,	and accept
SIGNATURE_	ons of registered agent	and the formation of the second		d Agent signature require	ad when remetations		04/ DATE	15/	<u>05</u>
	E NOW!!! FEE IS \$150.00 by 1, 2005 Fee will be \$550.0	9. Election Campa Trust Fund Con			5.00 May Be ided to Fees				
10.	OFFICERS AND		11.	<u> </u>	ADDITIONS	CHANGES TO OF	FICERS AND	DIRECTORS Change	S IN 11
NAME STREET ADDRESS CITY-ST-ZIP	PD SACKEY, SALOME 55 FRANLEY RD LONDON SE25 6NX,	☐ Delete		I				<u> Поваж</u> е	Acciden
TITLE	VD	Delete	TITL	E				☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP				EET ADORESS -ST-ZIP					
TITLE NAME STREET ADDRESS	TD SACKEY, JOSEPH	☐ Delicte	TITE.					Change	Addition
CITY-ST-ZIP	LONDON SE25 6NX,		СПУ	-ST-ZIP					
name Street address	D SULTANA, SHAMIMA 3057 NE 16TH AVE	☐ Delete		te Eet address				☐ Change	☐ Addition
CITY-ST-ZIP	OAKLAND PARK, FL 33334	☐ Delete	π	(-ST-ZIP	<u> </u>			☐ Change	Addition
NAME STREET ADORESS CITY-ST-ZIP				eet adoress 7-st-zip					
TITLE NAME STREET ADORESS CITY-SI-ZIP		☐ Delete						☐ Change	Addition
12. I hereby of indicated of the cor	certify that the information supplied will on this report or supplemental report in poration or the receiver or trustee emplor or on an attachment with an address.	s true and accurate and that owered to execute this repor	or the exe my signa rt as requ	emption stated in States the	e same ienai em	ect as il made unde	TOHUL UNALL	ан ап опсет	i or director