

# **2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P04000082544

Entity Name: LAKAY GROUP INC.

**FILED**  
**Nov 13, 2007**  
**Secretary of State**

**Current Principal Place of Business:**

6395 NW 78TH DR  
PARKLAND, FL 33067

**New Principal Place of Business:**

**Current Mailing Address:**

6395 NW 78TH DR  
PARKLAND, FL 33067

**New Mailing Address:**

FEI Number: 22-3901161

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PIERRE, GUIMARD  
6395 NW 78TH DR  
PARKLAND, FL 33067 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CEO ( ) Delete  
Name: PIERRE, GUIMARD  
Address: 6395 NW 78TH DR  
City-St-Zip: PARKLAND, FL 33067

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: P (X) Change ( ) Addition  
Name: PIERRE, LINDA  
Address: 6395 NW 78TH DR  
City-St-Zip: PARKLAND, FL 33067

Title: V ( ) Change (X) Addition  
Name: PIERRE, GUIMARD  
Address: 6395 NW 78TH DR  
City-St-Zip: PARKLAND, FL 33067

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUIMARD PIERRE

V

11/13/2007

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date