


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 08, 2005 8:00 am
Secretary of State

04-08-2005 90059 039 ***150.00

DOCUMENT # P04000097362

1. Entity Name
LAPUTA, INC.



Principal Place of Business
107 SO. PALMWAY # 4 LAKE WORTH, FL 33460 US

Mailing Address
107 SO. PALMWAY # 4 LAKE WORTH, FL 33460 US

2. Principal Place of Business
999 OLD BOYNTON RD

3. Mailing Address
999 OLD BOYNTON RD

Suite, Apt. #, etc.



04052005 Chg-P CR2E034 (10/03)

City & State
BOYNTON BEACH, FL

Zip
33426

Country
USA

4. FEI Number
20-1306489

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent

WIDNER, TERRY L
107 SO. PALMWAY # 4 LAKE WORTH, FL 33460

7. Name and Address of New Registered Agent

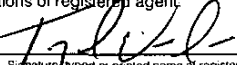
Name
Terry Widner

Street Address (P.O. Box Number is Not Acceptable)
999 OLD BOYNTON RD

City
BOYNTON BEACH FL

Zip Code
33426

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  DATE **4/6/05**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

TITLE NAME STREET ADDRESS CITY - ST - ZIP	P WIDNER, TERRY L 107 SO. PALMWAY # 4 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP RODRIGUEZ, MELLY G 107 SO. PALMWAY # 4 LAKE WORTH, FL 33460	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S RODRIGUEZ, MELLY G 107 SO. PALMWAY # 4 LAKE WORTH, FL 33460	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
999 OLD BOYNTON RD BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
VP/SECRETARY WIDNER, MELLY 999 OLD BOYNTON RD BOYNTON BEACH, FL 33426	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 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:  DATE **4/6/05** DAYTIME PHONE # **561-866-9535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR