## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 03, 2006 8:00 am Secretary of State

THE POTE ADDITIONS CHANGES TO OFFICERS AND DIRECTORS  TILE  PD PENA, ANIBAL O  OFFICERS AND DIRECTORS  TILE  NAME  STREET ADDRESS  CITY-ST-2P  TITLE  NAME STREET ADDR	DOCUMENT # P0,4000128048  1. Entity Name LAGUS CORP.					05-03-200	06 90232 032 ***15	50.00	
9.551 FONTAINBLEAU BLVD.#416 MAMI, FL 33172  A Principal Page of Business Suite, Apt. 4, 6tc.  Principal Page of Business Suite, Apt. 4, 6tc.  Principal Page of Business Suite, Apt. 4, 6tc.  Suite, Apt. 4, 6tc.  Principal Page of Business Principal Page o	Principal Place of Business Mailing Address								
Suita April 40   Suit	9551 FONTAINBLEAU BLVD.,#416 9551 FONTAINBLEAU BLVD.,#416					<u>.</u>			
Solite Apt 8, etc.    Solite Apt 8, etc.   COV   CASCODE	2. Principal Place of Business  3. Mailing Address  9.34.5 Containage Place  13. Mailing Address								
City & States    Country	Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_ i	Chg-P	CR2E034 (11/05)		
Section   Sect	City & State		City & State						
PENA, ANIBAL 0 9551 FONTAINBLEAU BLVD.#416 MIAMI, FL 33172  8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  SIGNATURE  FILE NOWILL FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00  OFFICERS AND DIRECTORS  TITLE  MAKE  PENA, ANIBAL 0  OFFICERS AND DIRECTORS  OTV-ST-2P  TITLE  MAME  SIRET ADDRESS  OTV-ST-2P  TITLE  MA	Zip	<del></del>	Zip	Country			\$8.75 Add	itional.	
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8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE Spendar, Novid or private degree and that if applicable.  SIGNATURE Spendar, Novid or private degree and that if applicable.  FILE NOWILL FEE IS \$150.00  After May 1, 2006 Fee will be \$550.00  9. Election Campaign Financing Trust Fund Contribution.   Added to Fees  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS III.  NAME PENA, ANIBAL O  SIREET ADDRESS  CITY-ST-2P  TITLE  MAMAIL FL 33172  TO Delete  TITLE  MAME  SIREET ADDRESS  CITY-ST-2P  Delete  SIREET ADDRESS  CITY-ST-2P  TITLE  MAME  SIREET ADDRESS  CITY-ST-2P  SIREET ADDRESS  CITY-S	IVII/AIVII, I L JJ 172								
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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 receiver or trustee empowered to execute this report as required by Chapter 507, Florida Statutes; and that my name appears in Block 10 or Block 11 in changed, or on an attachment with an address, with all other like empowered.	indicated of the co	d on this report or supplemental report is rooration or the receiver or trustee empt	true and accurate and that wered to execute this repor	my signature snall hav t as required by Chapt	/e ine same legal elle	ct as if made unde	er oatn; that I am an onicer	ar airector	