



2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-03-2006 90232 032 ***150.00

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| DOCUMENT # P04000128048 1. Entity Name LAGUS CORP. | | | |  | |
| Principal Place of Business 9551 FONTAINBLEAU BLVD., #416 MIAMI, FL 33172 | | | Mailing Address 9551 FONTAINBLEAU BLVD., #416 MIAMI, FL 33172 | | |
| 2. Principal Place of Business 9365 Fontainebleau Blvd Suite, Apt. #, etc. E 206 City & State Miami, FL Zip 33172 | | 3. Mailing Address 9365 Fontainebleau Blvd Suite, Apt. #, etc. E 206 City & State Miami, FL Zip 33172 | |  | |
| 4. FEI Number 81-0655199 | | Applied For <input checked="" type="checkbox"/> Not Applicable | | | |
| 5. Certificate of Status Desired: <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | |
| 6. Name and Address of Current Registered Agent PENA, ANIBAL O 9551 FONTAINBLEAU BLVD., #416 MIAMI, FL 33172 | | | 7. Name and Address of New Registered Agent Name Anibal O. Pena Street Address (P.O. Box Number is Not Acceptable) 9365 Fontainebleau Blvd E 206 City Miami, FL | | |
| 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) Anibal O. Pena Morillo 5/1/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 | PD PENA, ANIBAL O 9551 FONTAINBLEAU BLVD., #416 MIAMI, FL 33172 | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD Pena, Anibal O. 9365 Fontainebleau Blvd, E206 Miami, FL 33172 | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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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 corporation or 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 if changed, or on an attachment with an address, with all other like empowered. | | | | | |
| SIGNATURE: (X) Anibal O. Pena Morillo 5/1/06 (305) 726-1137 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |