

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000141407

Entity Name: LAGUNA STREET INVESTMENTS, INC.

FILED  
Apr 29, 2005  
Secretary of State

## Current Principal Place of Business:

1496 WEEKS STREET  
BONIFAY, FL 32425

## New Principal Place of Business:

1490 S.WEEKS STREET  
BONIFAY, FL 32425

## Current Mailing Address:

1496 WEEKS STREET  
BONIFAY, FL 32425

## New Mailing Address:

1490 WEEKS STREET  
BONIFAY, FL 32425

FEI Number: 06-1739567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ISMAIL, AHMAD T  
1496 WEEKS STREET  
BONIFAY, FL 32425 US

## Name and Address of New Registered Agent:

AHMAD, MASOOD T  
1490 WEEKS STREET  
BONIFAY, FL 32425 US

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: MASOOD AHMAD

04/29/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DP ( ) Delete  
Name: ISMAIL, AHMAD T  
Address: 1496 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

Title: DV ( ) Delete  
Name: IDREES, MOHAMMAD  
Address: 1496 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

Title: DS ( ) Delete  
Name: FAROOQ, UMAR  
Address: 1496 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

Title: DT ( ) Delete  
Name: ISMAIL, FATIMA  
Address: 1496 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition  
Name: AHMAD, MASOOD T  
Address: 1490 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

Title: DV (X) Change ( ) Addition  
Name: IDREES, MOHAMMAD  
Address: 1454 BELLAIRE LANE  
City-St-Zip: PALM BAY, FL 32905

Title: DS (X) Change ( ) Addition  
Name: FAROOQ, UMAR  
Address: 1490 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

Title: DT (X) Change ( ) Addition  
Name: AHMAD, MASOOD  
Address: 1490 WEEKS STREET  
City-St-Zip: BONIFAY, FL 32425

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MASOOD AHMAD

AGEN

04/29/2005

Electronic Signature of Signing Officer or Director

Date