

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P04000145666

Entity Name: L & A TECNI GROUP CORP

FILED
Aug 29, 2007
Secretary of State

Current Principal Place of Business:

2154 SW NEWPORT ISLES BLVD.
PORT SAINT LUCIE, FL 34953 US

New Principal Place of Business:

Current Mailing Address:

2154 SW NEWPORT ISLES BLVD.
PORT SAINT LUCIE, FL 34953

New Mailing Address:

FEI Number: 20-1792094

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RESTREPO, LINA M
2154 SW NEWPORT ISLES BLVD.
PORT SAINT LUCIE, FL 34953 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: PD () Delete
Name: RESTREPO, LINA M
Address: 2154 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP () Change (X) Addition
Name: GAVILANES, JULIO
Address: 2154 SW NEWPORT ISLES BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34953 US

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: JULIO GAVILANES

VP

08/29/2007

Electronic Signature of Signing Officer or Director

Date