2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 03, 2006 08:00 AM Secretary of State DOCUMENT # P04000147631 1. Cntity Name LAMAA, INC. Principal Place of Business Mailing Address 5800 SW 127 AVENUE #2314 5800 SW 127 AVENUE #2314 MIAMI, FL 33183 MIAMI, FL 33183 2. Principal Place of Business 3. Mailing Address Suite, Apt. If, etc. Suite, Apt. #. etc. 04282006 Chg-P CR2E034 (11/05) Applied For 4. FEI Number City & State City & State 20-1812621 Not Applicat Country Country Zip \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LAMAA, HUSEIN Street Address (P.O. Box Number is Not Acceptable) 5800 SW 127 AVENUE #2314 MIAMI, FL 33183 City Zia Code 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, typed or printed name of registered egent and title if applicable. (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. ☐ Addition ☐ Delete TITLE TITLE LAMAA, HUSEIN NAME NAME STREET ACORESS 5800 SW 127 AVENUE #2314 STREET ADDRESS U00000560098 CITY-ST-ZIP MIAMI, FL 33183 CITY-ST-ZUP <u>05/18/06-80025-018_150_00</u> ☐ Change ☐ Addition ☐ Belete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CAY-ST-ZP TITLE ☐ Delete THILE ☐ Change Addition | NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change Defete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete mue ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TOTALE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP DITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 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.

FILED

Daytime Phone #