2005 FOR PROFIT CORPORATION ANNUAL REPORT

	DOCUMENT # P04000168116 1. Entity Name LASTAT, INC						1 15	-121-1		
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							05 MAY 10	PM 5:	50	
Principal Place of Business Ma			Mailing Address	Mailing Address			SECRETARY	CIE OTA	ماوخات	
į '			•	6505 RACQUET CLUB DRIVE			SECRETARY TAILLAHASSE	- 01 OR - FI OR	IDA IDA	
	LAUDERHILL,			AUDERHILL, FL 33319				** 1 (4).411	UM	
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	2. Principal P	lace of Business	3. Mailing Address							
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	Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		04292005	Chg-P	CR2E	034 (10/03)	MRI
	City & State		City & State	City & State		4. FEI Numb	مر کار	$\overline{\wedge}$	<u> </u>	oplied For
	Zip	Zip Country		Zip Country		5 Carrilland		<u> </u>	\$8.75 Add	ot Applicable
					· · · · · · · · · · · · · · · · · · ·		of Status Desired		Éee Required	
		6. Name and Address of Current Registered Agent			Name	7. Name and	Address of New I	Registered .	Agent	
BLAND, DEBRA										
6505 RACQUET CLUB DRIVE LAUDERHILL, FL 33319					Street Address (P.O. Box Number is Not Acceptable)					
	CAODENII	122,7 2 00010							-	
l					City			FL	Zip Code	e
ĺ		named entity submits this statement follows of registered agent.	or the purpose of changing	its register	red office or reg	gistered agent, or bo	th, in the State of F	orida. I am	familiar with,	and accept
SIGNATURE										
SIGNATURE: Signature, typed or printed name of registered agent and title if applicable, (NOTE: Registered Agent alignature required when reinstating) DATE										
	FIL									
1	After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution				. 🗆	Added to Fees				
	10.	OFFICERS AND	DIRECTORS	11.		ADDITIONS	/CHANGES TO OF	FICERS AND	DIRECTOR	S IN 11
		D Delete			Æ				Change	☐ Addition
i	NAME STREET ADDRESS	BLAND, DEBRA 6505 RACQUET CLUB DRIVE		NAM	AE EET AODRESS					
I	CITY-ST-ZIP	LAUDERHILL, FL 33319			Y-ST-ZIP					
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l	NAME			NAN						
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	STREET ADDRESS				EET ADDRESS					
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ļ	NAME Street Address			NAA						
1	CITY-ST-ZIP	1			EET ADDRESS Y-ST-ZIP					
	TITLE		☐ Delete	TITL	E				☐ Change	☐ Addition
	NAME	l		NAM					•	
	STREET ADDRESS CITY-ST-ZIP				EET ADORESS Y-ST-ZIP					
		certify that the information supplied wit	this filing does not qualify		,	in Section 119.07/3	(i) Florida Statutee	I further ce	rtify that the li	nformation
12. I hereby certify that the information supplied with this filing does not quelify for the exemption stated in Section 119.07(3)(I), Florida Statutes. I further certify that the information indicated on this report of 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 one ownered 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 bittle like bookwared LIU, IV, IV, IV, IV, IV, IV, IV, IV, IV, IV										
changed, or on an aftachment with an address, with all changed, or on an aftachment with an address, with all changed and the										
	SIGNAT	TIRE. JAM /	CERTIFIED PU			4/29	105 9	74-72	371-65	300
SIGNATURE: 7/25 N N/ A'H STDEET SIGNATURE AND TYPED OR PRINTED NAME OF ROBING PRICE OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF ROBING PRICE OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF ROBING PRICE OR DIRECTOR Date Date										
				 						