2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P05000006716

L.A.N. COMMUNICATIONS AND ASSOCIATES INC.



FILED Apr 12, 2007 08:00 AM **Secretary of State**

Principal Place of Business

Mailing Address

1307 SAINT TROPEZ CIRCLE, SUITE 1804 WESTON, FL 33326

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01222007 No Chg-P CR2E034 (11/05)

4. FEI Number 43-2071627

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SALAZAR, JORGE 1307 SAINT TROPEZ CIRCLE, SUITE 1804 WESTON, FL 33326

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	named entity submits this statement for the pions of registered agent.	urpose of changing its register	ed office or r	registered agent, or both	h, in the State of Florida. I am familiar with, and accept
SIGNATURE_	Signititure, typed or printed name of registered agent and title	f applicable. (NOTE: Registere	d Agent aignaturi	required when reinstating)	DATE
FIL After Ma	E NOWIII FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	icing	\$5.00 May Be Added to Fees	
OFFICERS AND DIRECTORS		TORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SALAZAR, JORGE 1307 SAINT TROPEZ CIRCLE, SUITE 1804 WESTON, FL 33326				Unnann#00004
TITLE WAME STREET ADDRESS CITY-ST-ZIP					U00000702381 04/20/07-80096-020 150.00

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IN THIS SPACE

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 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.

SIGNATURE: _

7ITE F NAME STREET ADDRESS

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jorge L Salazar- Presid -1/28/07 515-0227