


2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 31, 2007 8:00 am
Secretary of State

01-31-2007 90052 021 ***150.00

DOCUMENT # P05000012653

1. Entity Name
LANZA DEVELOPERS INC.



Principal Place of Business
**15010 SW 141 COURT
 MIAMI FL 33186**

Mailing Address
**15010 SW 141 COURT
 MIAMI FL 33186**



2. Principal Place of Business - No P.O. Box #
9465 SW 149 ST

3. Mailing Address
9465 SW 149 ST

Suite, Apt. #, etc.

1st MOORE CR2E034 (10/06)

City & State
MIAMI FL

City & State
MIAMI FL

Zip
33176

Country
USA

Zip
33176

Country
USA

4. FEI Number **42-1658508**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**LANZA, ANTONIO
 15010 SW 141 COURT
 MIAMI FL 33186**

7. Name and Address of New Registered Agent
 Name **LANZA ANTONIO**
 Street Address (P.O. Box Number is Not Acceptable)
9465 SW 149 ST
 City **MIAMI FL** Zip Code **33176**

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  DATE **1/26/07**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when registering.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2007, Fee Will Be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D LANZA, VIOLETA 15010 SW 141 COURT MIAMI FL 33186 <i>9465 SW 149 ST MIAMI FL 33176</i>	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:  DATE **1/26/07** TELEPHONE **786 2013535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR