


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 22, 2007 8:00 am**  
**Secretary of State**

04-24-2007 90014 048 \*\*\*150.00

<b>DOCUMENT # P05000015349</b> 1. Entity Name <b>LADA CORPORATION</b>					
Principal Place of Business <b>13427 COLONY SQUARE DR 2122 ORLANDO, FL 32837 US</b>			Mailing Address <b>13427 COLONY SQUARE DR 2122 ORLANDO, FL 32837 US</b>		
2. Principal Place of Business, No P.O. Box # <b>LADA CORPORATION</b>		3. Mailing Address <b>LADA CORPORATION</b>			
Suite, Apt. #, etc. <b>10505 Pathview Pl.</b>		Suite, Apt. #, etc. <b>10505 Pathview Pl.</b>		05152007    Chg-P    CR2E034 (12/06)	
City & State <b>Tampa, Fl. 33624-5025</b>		City & State <b>Tampa, Fl. 33624-5025</b>		4. FEI Number <b>20-2241355</b>	
Zip <b>33624</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>DIEZ, LUIS A 13427 COLONY SQUARE DR 2122 ORLANDO, FL 32837</b>				7. Name and Address of New Registered Agent Name <b>DIEZ, LUIS A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>10505 Pathview Pl.</b> City <b>Tampa, Fl. 33624-5026</b> <b>FL</b> Zip 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: <i>Maria C. Diez</i> <i>Maria C. Diez</i> <b>05.15.07</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$550.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P <input type="checkbox"/> Delete <b>DIEZ, LUIS A 13427 COLONY SQUARE DR APT 2122 ORLANDO, FL 32837</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>PELAEZ, CLARA L 13427 COLONY SQUARE DR APT 2122 ORLANDO, FL 32837</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete <b>DIEZ, MARIA 13427 COLONY SQUARE DR APT 2122 ORLANDO, FL 32837</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P/ DIEZ, LUIS A.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10505 Pathview Pl. Tampa, Fl. 33624-5026</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/ PELAEZ, CLARA L.</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10505 Pathview Pl. Tampa, Fl. 33624-5026</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP/ DIEZ, MARIA</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition <b>10505 Pathview Pl. Tampa, Fl. 33624-5026</b>				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
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.					
<b>SIGNATURE:</b> <i>Maria C. Diez</i> <i>Maria C. Diez</i> <b>05.15.07</b> <b>813 960 2870</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR    Date    Daytime Phone #</small>					