2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 16, 2007
Secretary of State

DOCUMENT# P05000016582

Entity Name: LAVALLE CORP

Current Principal Place of Business:	**New Principal Place of Business:**

4747 COLLINS AVENUE
APT 1206
MIAMI BEACH, FL 33140   US

Current Mailing Address:	**New Mailing Address:**

4747 COLLINS AVENUE
APT 1206
MIAMI BEACH, FL 33140   US

FEI Number: 20-3213263   FEI Number Applied For ( )   FEI Number Not Applicable ( )   Certificate of Status Desired ( )

Name and Address of Current Registered Agent:	**Name and Address of New Registered Agent:**

LEOPOLD, KORN & LEOPOLD, P.A.
20801 BISCAYNE BLVD.
SUITE 501
AVENTURA, FL 33180 US

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.

SIGNATURE: _____

                Electronic Signature of Registered Agent   Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: D,P ( ) Delete Name: SCHWALB, GUSTAVO F Address: 4747 COLLINS AVE. APT.1206 City-St-Zip: MIAMI BEACH, FL 33140 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D,VP ( ) Delete Name: FELDMAN, BORUCH Address: 4747 COLLINS AVE. APT.1206 City-St-Zip: MIAMI BEACH, FL 33140 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:
Title: D,T ( ) Delete Name: ESSAYAG, EDUARDO E Address: 4747 COLLINS AVE. APT.1206 City-St-Zip: MIAMI BEACH, FL 33140 US	Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GUSTAVO SCHWALB   P   07/16/2007
            Electronic Signature of Signing Officer or Director   Date