


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000064237</b> 1. Entity Name L.A.X. FLORAL IMPORT, INC	
---	---

Principal Place of Business 2281 N.W. 82 AVE. MIAMI, FL 33122	Mailing Address 2281 N.W. 82 AVE. MIAMI, FL 33122
---	---



05022007 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-2866641	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

6. Name and Address of Current Registered Agent  LAPEYRE, ALEXIS 2281 N.W. 82 AVE. MIAMI, FL 33122
--

<b>DO NOT WRITE IN THIS SPACE</b>
---------------------------------------

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable

<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
--	--	--

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LAPEYRE, ALEXIS 3600 SW 114 KOEPATROG MIAMI, FL 33165
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD VICTORIA, LEONEL 15091 S.W. 104 ST., APT. 1215 MIAMI, FL 33196
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U000000762625 05/23/07-80018-008 150.00  <b>DO NOT WRITE IN THIS SPACE</b>
---

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>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Alexis LaPeyre President	05/30/07 Date	(786) 487-3840 Daytime Phone #
--	------------------	-----------------------------------