


FILED
Apr 19, 2007 8:00 am
Secretary of State

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DOCUMENT # P05000091559				Secretary of State 04-19-2007 90201 028 ***150.00	
1. Entity Name LANAI 2005, INC.		Principal Place of Business 703 KING STREET CHARLESTON, SC 29403		Mailing Address C/O JOSEPH CALVO, CPA 14 PENN PLAZA #1108 NEW YORK, NY 10122	
2. Principal Place of Business - No P.O. Box # 5025 COLLINS AV.		3. Mailing Address		4132007 Chg-P CR2E034 (12/06)	
Suite, Apt. #, etc. APT. 1405		Suite, Apt. #, etc.		4. FEI Number 20-5174936	
City & State MIAMI BEACH, FL		City & State		Applied For Not Applicable	
Zip 33140		Country U.S.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent TUCKER, ALLAN H 5802 TYLER STREET HOLLYWOOD, FL 33021				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PS SCEVOLA, FILIPPO C/O JOSEPH CALVO, CPA, 14 PENN PLAZA NEW YORK, NY 10122	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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: <u>Filippo Scervola</u> (Filippo Scervola) 4/14/07 305-299-1084 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					