FILED
May 18, 2007 8:00 am
Secretary of State
04-23-2007 90057 041 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000131168

1. Entity Name
THE LAM LEE COMPANY, INC

66013333

Principal Place of Business	Mailing Address
2837 SW 32 COURT MIAMI, FL 33133 US	2837 SW 32 COURT MIAMI, FL 33133 US

04112007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3533052
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LAM LEE, MARIA
2837 SW 32 COURT
MIAMI, FL 33133

DO NOT WRITE IN THIS SPACE

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

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	LAM LEE, MARIA
STREET ADDRESS	2837 SW 32 COURT
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	VP
NAME	BRUZON LAM, LEONARDO H
STREET ADDRESS	12130 SW 181ST
CITY-ST-ZIP	MIAMI, FL 33177
TITLE	TREA
NAME	LAM LEE, MARIA D
STREET ADDRESS	2837 SW 32 CT
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	SECT
NAME	LAM LEE, ANGEL
STREET ADDRESS	2837 SW 32 CT
CITY-ST-ZIP	MIAMI, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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: _____ 04/11/07 305-461-9771
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #