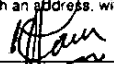


FILED
May 18, 2007 8:00 am
Secretary of State

04-23-2007 90057 041 ***150.00

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P05000131168		
1. Entity Name THE LAM LEE COMPANY, INC		
Principal Place of Business 2837 SW 32 COURT MIAMI, FL 33133 US		Mailing Address 2837 SW 32 COURT MIAMI, FL 33133 US
DO NOT WRITE IN THIS SPACE		
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 _____ (NOTE: Registered Agent signature required when renouncing) Signature, typed or printed name of registered agent and title if applicable. DATE _____		
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 NAME STREET ADDRESS CITY-STATE-ZIP	P LAM LEE, MARIA 2837 SW 32 COURT MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	VP BRUZON LAM, LEONARDO H 12130 SW 181ST MIAMI, FL 33177	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	TREA LAM LEE, MARIA D 2837 SW 32 CT MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	SECT LAM LEE, ANGEL 2837 SW 32 CT MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		
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:  6/11/07 305-461-9772 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone		