


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P05000156746 1. Entity Name LANSETHAI INTERNATIONAL INC.	
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Principal Place of Business 2343 W. 76TH ST. HIALEAH, FL 33016	Mailing Address 2343 W. 76TH ST. HIALEAH, FL 33016
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DO NOT WRITE IN THIS SPACE



01162007 No Chg-P CR2E034 (11/05)

4. FCI Number 20-4582423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent HMBC, INC. 9211 KENDALE BLVD. MIAMI, FL 33176	DO NOT WRITE IN THIS SPACE
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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 reappointing) 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
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	P VITALE, GESUALDO 2031 SW 176 AVE MIRAMAR, FL 33029
TITLE NAME STREET ADDRESS CITY- ST- ZIP	V VITALE, ROSANNA 2031 SW 176 AVE MIRAMAR, FL 33029
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**DO NOT WRITE
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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:  **GESUALDO VITALE** 01-16-2007 (305)818-6353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR PRESIDENT Date Daytime Phone #