


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000009856	
1. Entity Name LANETRADE INC.	

FILED
07 JUL 19 PM 12:40

Principal Place of Business 707 MADEIRA AVE CORAL GABLES, FL 33134	Mailing Address 707 MADEIRA AVE CORAL GABLES, FL 33134
--------------------------------------------------------------------------	--------------------------------------------------------------

STATE
ATLANTA, FLORIDA



2. Principal Place of Business - No P.O. Box # 707 Madeira Ave Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
------------------------------------------------------------------------------------------	-------------------------------------------

07112007 Chg-P CR2E034 (12/06)

City & State CORAL GABLES, FL	City & State
Zip 33134	Country USA

4. FEI Number 20-4189640	Applied For Not Applicable
-----------------------------	-------------------------------

6. Name and Address of Current Registered Agent MENDES, BEATRIZ C 707 MADEIRA AVE CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
-------------------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------

5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

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 <i>Beatriz C Mendes</i> DATE <i>July 14th 07</i>

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD MENDES, BEATRIZ C 707 MADEIRA AVE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200106729372 07/26/07--01006--002 **150.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>Maria</i> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: <i>Beatriz C Mendes</i> DATE: <i>July 14th 07</i> DCLTYPE PHONE # <i>801-5028897</i>