

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 06, 2007 8:00 am**  
**Secretary of State**

07-06-2007 90001 020 \*\*\*158.75

<b>DOCUMENT # P06000058524</b> 1. Entity Name <b>LAFABION ENTERTAINMENT INC.</b>			
Principal Place of Business <b>P.O. BOX 2372 BELLE GLADE, FL 33430</b>		Mailing Address <b>P.O. BOX 2372 BELLE GLADE, FL 33430</b>	
2. Principal Place of Business - No P.O. Box # <b>1500 N.W. AVE. G</b>		3. Mailing Address <b>P.O. Box 2372</b>	
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 	
City & State <b>Belle Glade, FL</b>		City & State <b>Belle Glade, FL</b>	
Zip <b>33430</b>		Zip <b>33430</b>	
Country <b>USA</b>		Country <b>USA</b>	
4. FEI Number <b>06-1794898</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		07022007 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent  <b>ELLISON, TORI D 1500 N.W. AVE G BELLE GLADE, FL 33430</b>		7. Name and Address of New Registered Agent Name <b>Tori D. Ellison</b> Street Address (P.O. Box Number is Not Acceptable) <b>1500 NW AVE. G</b> City <b>Belle Glade, FL</b> Zip Code <b>33430</b>	
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:   <b>7/3/07</b> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when filing.)</small>			
<b>FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 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	PCEO ELLISON, TORI D 1500 N.W. AVE. G BELLE GLADE, FL 33430	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO Tori D. Ellison 1500 N.W. AVE. G Belle Glade, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" 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
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: 		<b>7/3/07 (561) 993-0628</b> Date Daytime Phone #	