2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

FILED DOCUMENT # P06000118993 08 JAN 15 AM 10: 39 LAGEM MANAGEMENT INC. ALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 4937 SE 75 AVE 4937 SE 75 AVE STE 21 - BLDG B STE 21 - BLDG B MIAMI, FL 33155 MIAMI, FL 33155 01072008 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 26-0270267 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent FERNANDEZ VALLE, MARIA ESQ DO NOT WRITE 3750 NW 87 AVE **UNIT 100** IN THIS SPACE DORAL, FL 33178 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. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE NAME ALONSO, LUIS 4937 SE 75TH AVE - STE 21 - BLDG B STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33155 01/23/08-1015854058 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADORESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 suppliemental 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 frustee 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 attachmer SIGNATURE:

Daytime Phone #

D TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

STREET ADDRESS CITY-ST-ZIP