

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000118995

1. Entity Name  
LAGEM EQUITY INC.



Principal Place of Business

4937 SW 75TH AVE  
STE 21 - BLDG B  
MIAMI, FL 33155

Mailing Address

4937 SW 75TH AVE  
STE 21 - BLDG B  
MIAMI, FL 33155

FILED  
08 JAN 15 AM 10:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01072008 No Chg-P CR2E034 (11/05)

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4. FEI Number  
26-0270390

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

FERNANDEZ VALLE, MARIA ESQ  
3750 NW 87 AVE  
UNIT 100  
DORAL, FL 33178

**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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE D  
NAME ALONSO, LUIS  
STREET ADDRESS 4937 SW 75TH AVE - STE 21 - BLDG B  
CITY-ST-ZIP MIAMI, FL 33155

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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**DO NOT WRITE  
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/08

Date

Daytime Phone #

KS