
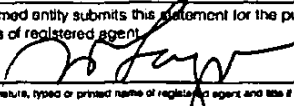
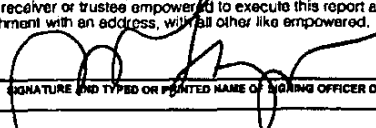


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

4/ **FILED**  
**May 27, 2008 8:00 am**  
**Secretary of State**

04-30-2008 90175 024 \*\*\*150.00

<b>DOCUMENT # P07000077950</b>					
1. Entity Name <b>POU &amp; LAGO CORPORATION</b>					
Principal Place of Business <b>6912 W. 30 AVE HIALEAH, FL 33018</b>			Mailing Address <b>6912 W. 30 AVE HIALEAH, FL 33018</b>		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>260485681</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input checked="" type="checkbox"/> Not Applicable <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
<b>POU LAGO, MARIA 6912 W. 30 AVE HIALEAH, FL 33018</b>			Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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  DATE <b>4.26.08</b>					
<div> <div> <b>FILE NOW!!! FEE IS \$150.00</b>  <b>After May 1, 2008 Fee will be \$550.00</b> </div> <div> 9. Election Campaign Financing  Trust Fund Contribution. <input type="checkbox"/> </div> <div> <b>\$5.00</b> May Be  Added to Fees </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>POU LAGO, MARIA</b>		NAME		
STREET ADDRESS	<b>6912 W. 30 AVENUE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH, FL 33018</b>		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	<b>LAGO, JOSE A</b>		NAME		
STREET ADDRESS	<b>6912 W 30 AVE</b>		STREET ADDRESS		
CITY-ST-ZIP	<b>HIALEAH, FL 33018</b>		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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:  DATE <b>4.26.08</b> Daytime Phone # <b>786 2539250</b>					