

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 19, 2008 8:00 am
Secretary of State

02-19-2008 90019 031 ***150.00

DOCUMENT # P07000131399					
1. Entity Name THE LAGARDE GROUP, INC.					
Principal Place of Business 1700 WEST 49 STREET UNIT 3 MIAMI, FL 33012			Mailing Address 1700 WEST 49 STREET UNIT 3 MIAMI, FL 33012		
2. Principal Place of Business - No P.O. Box # 1738 W 49 ST Unit 3		3. Mailing Address 1738 W 49 ST			
Suite, Apt. #, etc.		Suite, Apt. #, etc. Unit 3			
City & State HIALEAH, FL		City & State HIALEAH, FL			
Zip 33012 Country Dade		Zip 33012 Country Dade			
4. FEI Number 26-1572301 Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent LAGARDE IV, APOLO 1700 WEST 49 STREET UNIT 3 MIAMI, FL 33012			7. Name and Address of New Registered Agent Name: Apolo Lagarde IV Street Address (P.O. Box Number is Not Acceptable): 1738 W 49 ST UNIT 3 City: HIALEAH FL Zip Code: 33012		
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: (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. <input type="checkbox"/> \$5.00 May Be Added to Fees		PRES. & TRE.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PT <input type="checkbox"/> Delete NAME LAGARDE IV, APOLO STREET ADDRESS 1700 WEST 49 STREET, UNIT 3 CITY - ST - ZIP MIAMI, FL 33012	TITLE P-T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME LAGARDE IV, APOLO STREET ADDRESS 1738 W. 49 STREET, UNIT 3 CITY - ST - ZIP HIALEAH, FL. 33012				
TITLE VPS <input type="checkbox"/> Delete NAME LAGARDE, MARTHA A STREET ADDRESS 1700 WEST 49 STREET, UNIT 3 CITY - ST - ZIP MIAMI, FL 33012	TITLE VP-S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NAME LAGARDE, MARTHA A. STREET ADDRESS 1738 W. 49 STREET, UNIT 3 CITY - ST - ZIP HIALEAH, FL. 33012				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME VICE PRES. & SECT. STREET ADDRESS CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS CITY - ST - ZIP				
TITLE <input type="checkbox"/> Delete NAME STREET ADDRESS CITY - ST - ZIP	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition NAME STREET ADDRESS 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:			2-13-08		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		