## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000065062

Entity Name: LAENLOFT, INC.

Apr 04, 2012 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

4125 SW 98TH COURT 4000 PONCE DE LEON BLVD MIAMI, FL 33165

470

CORAL GABLES, FL 33134

**Current Mailing Address: New Mailing Address:** 

P.O. BOX 162751 4000 PONCE DE LEON BLVD MIAMI, FL 33116

CORAL GABLES, FL 33134

FEI Number: 27-0660893 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

DELGADO, MANUEL DELGADO, M

4000 PONĆE DE LEON BLVD 4125 SW 98TH COURT MIAMI, FL 33165 CORAL GABLES, FL 33134 US

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.

SIGNATURE: MANUEL DELGADO 04/04/2012

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

Title:

MOREIRA, WALTER Name:

4000 PONCE DE LEON BLVD, #470 Address: City-St-Zip: CORAL GABLES, FL 33134

Title: CFO

Name: MOREIRA, MAYBER

4000 PONCE DE LEON BLVD, #470 Address: CORAL GABLES, FL 33134 City-St-Zip:

Title: CEO

DELGADO, M Name: Address:

4000 PONCE DE LEON BLVD City-St-Zip: CORAL GABLES, FL 33134

Title: DIR

BARBOSA, BETTY Name:

Address: 4000 PONCE DE LEON BLVD, #470

City-St-Zip: MIAMI, FL 33134

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: MANUEL DELGADO CEO 04/04/2012