

# **2012 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P11000096600

Entity Name: LAMPAS INC

**FILED**  
**Apr 22, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

4865 NW 107 PASS  
DORAL, FL 33178

**New Principal Place of Business:**

**Current Mailing Address:**

4865 NW 107 PASS  
DORAL, FL 33178

**New Mailing Address:**

FEI Number: 71-0938319

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OLAVE, ALEXANDER  
4865 NW 107 PASS  
DORAL, FL 33178 US

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

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: P  
Name: OLAVE, ALEXANDER  
Address: 4865 NW 107 PASS  
City-St-Zip: DORAL, FL 33178

Title: VP  
Name: OLAVE, KAREN  
Address: 4865 NW 107 PASS  
City-St-Zip: DORAL, FL 33178

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: ALEXANDER OLAVE

P

04/22/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date