


**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 09, 2007 08:00 AM
Secretary of State

DOCUMENT # P16617 1. Entity Name LIGNUM-2, INC.	
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Principal Place of Business 1615 ALVARADO STREET SAN LEANDRO, CA 94577 US	Mailing Address 1615 ALVARADO STREET SAN LEANDRO, CA 94577 US
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DO NOT WRITE IN THIS SPACE



01032007 No Chg-P CR2E034 (11/05)

4. FEI Number 94-2994213	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent ROTATI, SERGIO 2655 LE JEUNE RD 5TH FL CORAL GABLES, FL 33134

**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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD IRINAGA, KEN 311 CALIFORNIA ST #480 SAN FRANCISCO, CA 94104
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VP CALSO, ALELI 34153 DONAHUE TERRACE FREMONT, CA 94555
TITLE NAME STREET ADDRESS CITY- ST- ZIP	VPT MEYER, THOMAS 1358 HESMINE CT. WALNUT CREEK, CA 94596
TITLE NAME STREET ADDRESS CITY- ST- ZIP	
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U00000579052
01/09/07-80052-022 150.00

**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 	1/4/07	5103476090
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<small>Date</small>	<small>Daytime Phone #</small>