


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P17738		
1. Entity Name LAUFEN INTERNATIONAL, INC.		

FILED

07 APR -2 PM 2:07

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 4244 MT. PLEASANT ST NW SUITE 100 CANTON, OH 44720 US	Mailing Address 4244 MT. PLEASANT ST NW SUITE 100 CANTON, OH 44720 US
--	--

2. Principal Place of Business, No P.O. Box # 11190 NW 25 <sup>TH</sup> ST	3. Mailing Address 11190 NW 25 <sup>TH</sup> ST.
Suite, Apt. #, etc. SUITE 100	Suite, Apt. #, etc. SUITE 100
City & State MIAMI, FL	City & State MIAMI, FL
Zip 33172	Country MIAMI-DADE



03232007 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE, FL 32301		7. Name and Address of New Registered Agent Name Corporation Service Company Street Address (P.O. Box Number is Not Acceptable) 1201 Hays St. City Tallahassee FL Zip Code 32301	
--	--	---	--

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 Deborah D. Skipper **Deborah D. Skipper** 4/2/07  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required for reinstating) DATE

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2007 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
---	---

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SCHNEIDER, KLAUS 4244 MT. PLEASANT ST. NW, SUITE 100 NORTH CANTON, OH 44720 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO & SECRETARY 11190 NW 25 <sup>TH</sup> ST SUITE 100 MIAMI, FL 33172 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLSEN, DONALD E 2358 CANTERBURY CT HUDSON, OH 44236 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT AGUSTIN LOPEZ 11190 NW 25 <sup>TH</sup> ST SUITE 100 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TREASURER & ASST. SECRETARY ANDREW J. EVANS 11190 NW 25 <sup>TH</sup> ST SUITE 100 MIAMI, FL 33172 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	400096448614 04/11/07--01022--016 **158.75 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 persons empowered.

SIGNATURE: Andrew J. Evans **ANDREW J. EVANS** 3/23/07 905-371-6942  
Signature and typed or printed name of signing officer or director Date Daytime Phone #