

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 11, 2005 8:00 am
Secretary of State

04-11-2005 90152 012 ***150.00

DOCUMENT # P93000018083 1. Entity Name LAGA TRADING INC.					
Principal Place of Business 3401 JAVA PLUM AVENUE MIRAMAR, FL 33025			Mailing Address 3401 JAVA PLUM AVENUE MIRAMAR, FL 33025		
2. Principal Place of Business 7939 N.W. 210 ST.		3. Mailing Address 7939 N.W. 210 ST.			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State Miami, FL.		City & State Miami, FL.		4. FEI Number 65-0393036	
Zip 33126		Country U.S.A.		Applied For <input type="checkbox"/> Not Applicable	
Zip 33126		Country U.S.A.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GARCIA, LISANDRO 3401 JAVA PLUM AVENUE MIRAMAR, FL 33025				7. Name and Address of New Registered Agent Name GARCIA LISANDRO. Street Address (P.O. Box Number is Not Acceptable) 11613 N.W. 78TH ST. City Moores FL 33178	
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 				DATE 4/6/05.	
(NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 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	PDT GARCIA, LISANDRO 3401 JAVA PLUM AVENUE MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDT GARCIA LISANDRO 11613 N.W. 78TH ST. MOOREY, FL 33178
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARABIA, MARIA D 3401 JAVA PLUM AVENUE MIRAMAR, FL 33025	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SARABIA MARIA 11613 N.W. 78TH ST. MOOREY, FL 33178
		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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"/> Change <input type="checkbox"/> Addition				
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 exemption stated in Section 119.07(3)(i), 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: 				DATE 4/6/05	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Daytime Phone #	