2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 10, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000050766

1. Entity Name
LAMAS GROUP, INC.

Principal Place of Business	Mailing Address
C/O INT'L REPRESENTATIVES 10300 N.W. 121 WAY MEDLEY, FL 33178 US	% INT'L. LUMBER AGENCIES 10300 N.W. 121 WAY MEDLEY, FL 33178

DO NOT WRITE IN THIS SPACE

01042005 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0447571

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LAMAS, JOSE A
C/O 10300 NW 121 WAY
MEDLEY, FL 33178

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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 _____
(Signature of new registered agent, if changed) (Typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when changed.

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	LAMAS, JOSE A
STREET ADDRESS	% 10300 N.W. 121 WAY
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	D
NAME	SHOJAEE, MARIA L
STREET ADDRESS	% 10300 N.W. 121 WAY
CITY-ST-ZIP	MEDLEY, FL 33178
TITLE	D
NAME	LAMAS, ALEJANDRA A
STREET ADDRESS	% 10300 N.W. 121 WAY
CITY-ST-ZIP	MEDLEY, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Jose A Lamas 1/05/05 305-448-3265
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date