

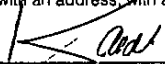


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90083 012 \*\*\*150.00

<b>DOCUMENT # P95000031822</b> 1. Entity Name <b>LAFISE FOREIGN EXCHANGE CORP.</b>					
Principal Place of Business <b>701 BRICKELL AVE</b> <b>S-1460</b> <b>MIAMI, FL 33131 US</b>				Mailing Address <b>701 BRICKELL AVE</b> <b>S-1460</b> <b>MIAMI, FL 33131 US</b>	
2. Principal Place of Business <b>200 SOUTH BISCAYNE BLVD.</b> Suite, Apt. #, etc. <b>3750</b>		3. Mailing Address <b>200 SOUTH BISCAYNE BLVD.</b> Suite, Apt. #, etc. <b>3750</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>		4. FEI Number <b>65-0577210</b>	
Zip <b>33131</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CASTILLO B., ALVARO</b> <b>1533 SUNSET DRIVE</b> <b>SUITE 201</b> <b>MIAMI, FL 33143</b>				7. Name and Address of New Registered Agent Name <b>I</b> Street Address (P.O. Box Number is Not Acceptable) <b>200 SOUTH BISCAYNE BLVD.</b> <b>SUITE 3750</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT ZAMORA, ROBERTO 701 BRICKELL AVE. SUITE 1150 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 SOUTH BISCAYNE BLVD. STE 3750 MIAMI, FL 33131	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS ZAMORA, MARIA J 701 BRICKELL AVE. SUITE 1150 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200 SOUTH BISCAYNE BLVD. STE 3750 MIAMI, FL 33131	<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
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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 exemption stated in Section 419.07(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.					
<b>SIGNATURE:</b> 			3/31/05 305-374-6001		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		