2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State 04-13-2007 90157 030 ***150.00

305 9864259 Daytime Phone #

DOCUMENT # P96000031428 1. Entity Name LAIRD PRODUCTS, INC.								0113 2007	50157	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	50.00
Principal Place of Business Mailing Address							40059	1021			
7500 S.W. 136TH STREET				PO BOX 33256-2182			4000	J C 13 -			
MIAMI, FL 33156				MIAMI, FL 33256 US				. 		n 21218 19221 (2)	18 8 1 11 1881
Principal Place of Business - No P.O. Box # 3.				Mailing Address							
2. Thirdpart lade of business - No V.O. box #								OLIO 274M BOLM CTAN BONI	16166 11161 11	\$1010 1021 101	
Suite, Apt. #, etc.			'	Suite, Apt. #, etc.			02132007	Chg-P	CR2E03	34 (12/06)	
City & State				City & State			4. FEI Number 65-0662				plied For t Applicable
Zip	p Country			Zip	Coun	try		f Status Desired		\$8.75 Add	
	E. Nome and Address of Curren			tornd Agent		r				ee Required	d
Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent Name					
HAXTON, LAIRD 7500 S.W. 136TH STREET						Street Address (P.O. Box Number is Not Acceptable)					
MIAMI, FL 33156											
					City			FL	Zip Code	9	
The above named ehity submits this statement for the purpose of changing its registers.						ed office or registe	red agent or both	in the State of Flo		amiliar with	and accent
the obligations of registered agent.											
SIGNATURE Signature. Typed or printed name of registered agent and fille if applicable (NOTE Registered Agent signature required when reinstating) DATE											
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Fin Trust Fund Contribution							i.00 May Be ded to Fees				
10.		OFFICERS A	ND DIREC	CTORS		ADDITIONS/C	CHANGES TO OFF	ICERS AND	DIRECTORS	S IN 11	
TITLE	VD	LAIRD		☐ Delete	TITU					Change	Addition
name Street address	HAXTON, LAIRD 7500 S.W. 136TH ST.					EET ADDRESS					
CITY+ST-ZIP	MIAMI, FI	L 33156			CITY	-ST-ZiP					
TITLE	223 50.00				TITL					Change	Addition
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12 I hereby	certify that th	ne information supplied	with this	filing does not qualify f	or the ex	emptions containe	d in Chapter 119.	Florida Statutes. I	further cert	ify that the in	nformation
12. I hereby certify that the information supplied with this filling 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: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR HAXTON 4/10/07