FILED
Mar 05, 2008 8:00 am
Secretary of State
01-28-2008 90040 044 ***150.00

1

2008 FOR PROFIT CORPORATION ANNUAL REPORT

66002369

01142008 Chg-P CR2E034 (12/06)

DOCUMENT # P96000049875

1. Entity Name
WAYNE LAGANA & COMPANY INC.

Principal Place of Business	Mailing Address
~~3424 GRIFFAN RD~~ FORT LAUDERDALE, FL 33312	POST OFFICE BOX 129 FORT LAUDERDALE, FL 33302

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
3340 GRIFFIN RD	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT LAUDERDALE, FL	City & State
Zip: 33312 Country: BROWARD	Zip / Country

4. FEI Number: 65-0676131 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEWIS, BARRY H
3424 GRIFFIN RD
FT LAUDERDALE, FL 33312

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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] 1-23-08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2008 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	
STD	LEWIS, BARRY H	1201 RIVER REACH DRIVE UNIT 301	FORT LAUDERDALE, FL 33315	☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete
				☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ Addition
				☐ Change	☐ 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 like empowered.

SIGNATURE: [signature] 29 Feb 08 954-962-6655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #