


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 27, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000104161 1. Entity Name LANDERS INTERNATIONAL GROUP, INC.			
<table style="width: 100%;"> <tr> <td style="width: 50%;">Principal Place of Business 321 GRANELLO AVE CORAL GABLES, FL 33146 US</td> <td style="width: 50%;">Mailing Address 321 GRANELLO AVE CORAL GABLES, FL 33146 US</td> </tr> </table>			Principal Place of Business 321 GRANELLO AVE CORAL GABLES, FL 33146 US
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DO NOT WRITE IN THIS SPACE			
6. Name and Address of Current Registered Agent LANDERS, ROBIN 321 GRANELLO VE CORAL GABLES, FL 33146		DO NOT WRITE IN THIS SPACE	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	VP	DO NOT WRITE IN THIS SPACE	
NAME	LANDERS, R		
STREET ADDRESS	321 GRANELLO AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE	P		
NAME	RODRIGUEZ, C		
STREET ADDRESS	321 GRANELLO AVE		
CITY-ST-ZIP	CORAL GABLES, FL 33146		
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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CITY-ST-ZIP			
TITLE			
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
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: _____ CARMEN A. RODRIGUEZ 2/23/06 305 446-8171 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>			



02212006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0741554

Applied For
Not Applicable

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

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03/10/06 80008-023 150.00