


**FILED**  
**Apr 07, 2004 8:00 am**  
**Secretary of State**

04-07-2004 90015 016 \*\*\*150.00

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

<b>DOCUMENT # P97000072770</b> 1. Entity Name LANG INVESTMENTS, INC.	
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94046185

Principal Place of Business 4200 SW 102 AVE DAVIE, FL 33328	Mailing Address 4200 SW 102 AVE DAVIE, FL 33328
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04052004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0776773	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75. Additional Fee Required
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6. Name and Address of Current Registered Agent  LANG INGO 4200 SW 102 AVE. DAVIE, FL 33328
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**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 \_\_\_\_\_  
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, 2004 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	DPTS LANG, INGO 2021 SOUTHWEST 82ND AVENUE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ELFRIEDE, LANG 2021 SW 82 AVE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SIBYLLE GIMBER 2021 SW 82 AVE DAVIE, FL 33324
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: INGO LANG 4-5-04 (954) 452-1899  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #