
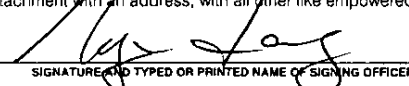


FILED
Mar 28, 2005 8:00 am
Secretary of State

03-28-2005 90066 037 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P97000072770					
1. Entity Name LANG INVESTMENTS, INC.					
Principal Place of Business 4200 SW 102 AVE DAVIE, FL 33328			Mailing Address 4200 SW 102 AVE DAVIE, FL 33328		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
			4. FEI Number 65-0776773		Applied For Not Applicable
			5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LANG, INGO 4200 SW 102 AVE DAVIE, FL 33328			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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS					
TITLE	DPTS <input type="checkbox"/> Delete				
NAME	LANG, INGO				
STREET ADDRESS	2021 SOUTHWEST 82ND AVENUE				
CITY-ST-ZIP	DAVIE, FL 33324				
TITLE	D <input type="checkbox"/> Delete				
NAME	ELFRIEDE, LANG				
STREET ADDRESS	2021 SW 82 AVE				
CITY-ST-ZIP	DAVIE, FL 33324				
TITLE	D <input type="checkbox"/> Delete				
NAME	SIBYLLE, GIMBER				
STREET ADDRESS	2021 SW 82 AVE				
CITY-ST-ZIP	DAVIE, FL 33324				
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Delete				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
TITLE	DPTS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LANG, INGO				
STREET ADDRESS	4200 SW 102 AVE				
CITY-ST-ZIP	DAVIE, FL 33328				
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	LANG, ELFRIEDE				
STREET ADDRESS	4200 SW 102 AVE				
CITY-ST-ZIP	DAVIE, FL 33328				
TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME	GIMBER, SIBYLLE				
STREET ADDRESS	4200 SW 102 AVE				
CITY-ST-ZIP	DAVIE, FL 33328				
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
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 3/24/05 (954) 452-1899					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					