

**2007 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**

FILED
Mar 09, 2007 08:00 AM
Secretary of State



03062007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0776773

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**LANG, INGO
4200 SW 102 AVE.
DAVIE, FL 33328**

**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)

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

000000660931
03/20/07-80021-006 150.00

10. OFFICERS AND DIRECTORS

TITLE	DPTS
NAME	LANG, INGO
STREET ADDRESS	4200 SW 102 AVE
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D
NAME	ELFRIEDE, LANG
STREET ADDRESS	4200 SW 102 AVE.
CITY-ST-ZIP	DAVIE, FL 33328
TITLE	D
NAME	SIBYLLE, GIMBER
STREET ADDRESS	4200 SW 102 AVE.
CITY-ST-ZIP	DAVIE, FL 33328
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 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

3-6-07

Date

(954) 452-1899

Daytime Phone #