

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 21, 2008 08:00 AM
Secretary of State

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



04192008 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

Ingo Lang INGO LANG, PRESIDENT

4-19-08

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

U000000913348
05/08/09-80013-002 150.00

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

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:

Ingo Lang INGO LANG
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-08

Date

(954) 452-1899

Daytime Phone #