

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072952

FILED
Jan 05, 2007
Secretary of State

Entity Name: LANIXEN DEVELOPMENT CORPORATION

Current Principal Place of Business:

8890 SW 24 ST
SUITE 213
MIAMI, FL 33165

New Principal Place of Business:

Current Mailing Address:

8890 SW 24 ST
SUITE 213
MIAMI, FL 33165

New Mailing Address:

FEI Number: 65-0780945 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ALFONSO, LAZARO M
8890 CORAL WAY
SUITE 213
MIAMI, FL 33165 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: ALFONSO, LAZARO M
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: VP () Delete
Name: ALFONSO, GRISEL
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: CEO () Delete
Name: RODRIGUEZ, XENIA
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

Title: CFO () Delete
Name: ABELLA, NIRA
Address: 220 WINDSONG LANE
City-St-Zip: YOUNGSVILLE, NC 27596

Title: COO () Delete
Name: ALFONSO, LAZARO
Address: 1659 BRANDYWINE RD #6317
City-St-Zip: WEST PALM BEACH, FL 33409

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: CEO (X) Change () Addition
Name: RODRIGUEZ, XENIA
Address: 26042 SW 138 CT RD
City-St-Zip: HOMESTEAD, FL 33032

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAZARO M. ALFONSO

PD

01/05/2007

Electronic Signature of Signing Officer or Director

_____ Date