

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072952

FILED
Mar 21, 2008
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:

8890 SW 24 ST
SUITE 217
MIAMI, FL 33165

Current Mailing Address:

8890 SW 24 ST
SUITE 213
MIAMI, FL 33165

New Mailing Address:

8890 SW 24 ST
SUITE 217
MIAMI, FL 33165

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:

ALFONSO, LAZARO M
8890 CORAL WAY
SUITE 217
MIAMI, FL 33165 US

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: LAZARO ALFONSO

03/21/2008

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: 26042 SW 138 CT RD
City-St-Zip: HOMESTEAD, FL 33032

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: 29800 SW 168 AVE
City-St-Zip: HOMESTEAD, FL 33030

Title: CFO (X) Change () Addition
Name: ABELLA, NIRA
Address: 24401 SW 182 AVE
City-St-Zip: HOMESTEAD, FL 33031

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

I hereby certify that the information supplied with this filing does not qualify 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 ALFONSO

PD

03/21/2008

Electronic Signature of Signing Officer or Director

Date