

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072952

FILED  
Apr 16, 2009  
Secretary of State

Entity Name: LANIXEN DEVELOPMENT CORPORATION

## Current Principal Place of Business:

8890 SW 24 ST  
SUITE 217  
MIAMI, FL 33165

## New Principal Place of Business:

## Current Mailing Address:

8890 SW 24 ST  
SUITE 217  
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 217  
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: 29800 SW 168 AVE  
City-St-Zip: HOMESTEAD, FL 33030

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

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

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 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

04/16/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date