

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000072952

FILED  
Apr 23, 2012  
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

**OFFICERS AND DIRECTORS:**

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

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

Title: CEO  
Name: RODRIGUEZ, XENIA  
Address: 29800 SW 168 AVE  
City-St-Zip: HOMESTEAD, FL 33030

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

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

I hereby 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 all other like empowered.

SIGNATURE: LAZARO M. ALFONSO

PD

04/23/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date