## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P97000084458

Entity Name: THE L.A.P. GROUP, INC

City-St-Zip:

FILED May 12, 2005 Secretary of State

y		. 31(33) , 11(3)				
Current Principal Place of Business:			New Prince	New Principal Place of Business:		
1031 IVES DAIRY ROAD STE-228 MIAMI, FL 33179 US				3888 N.W. 167TH STREET		
			MIAMI GAI	MIAMI GARDENS, FL 33054 US		
Current M	ailing Addres	s:	New Maili	New Mailing Address:		
4011 N.W. 188TH ST. MIAMI, FL 33055 US				3888 N.W. 167TH STREET MIAMI GRADENS, FL 33054 US		
FEI Number:	: 65-0788654	FEI Number Applied For ( )	FEI Number Not App	licable ( ) Cer	tificate of Status Desired ( )	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
CROMAR <sup>1</sup> 4011 N.W. MIAMI, FL						
	named entity s e of Florida.	submits this statement for the	purpose of changing i	its registered office	or registered agent, or both,	
SIGNATUR						
	Electron	ic Signature of Registered Ag	ent		Date	
		3(2)(b), F.S., the corporation did no g Trust Fund Contribution ( ).	ot receive the prior notic	:е.		
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	PST () CROMARTIE, E 4011 NW 188 S MIAMI, FL 330	ST	Title: Name: Address: City-St-Zip:	P (X) Chai CROMARTIE, EDOR 4011 NW 188 ST MIAMI, FL 33055	nge ( ) Addition IS	
Title: Name: Address: City-St-Zip:	V () BESONER, MA 2880 W. AVIAR COOPER CITY	Y DRIVE	Title: Name: Address: City-St-Zip:	S (X) Char CROMARTIE, ALELC 3888 N.W. 167TH ST MIAMI GARDENS, FI	TREET	
Title: Name: Address: City-St-Zip:	( )	Delete	Title: Name: Address: City-St-Zip:	T () Char BURTH, SHINIKA C 3888 N.W.167TH ST MIAMI GARDENS, FI		
Title: Name: Address:	( )	Delete	Title: Name: Address:	VP () Char CROMARTIE, VERNA 3888 N.W. 167TH ST		

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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.

City-St-Zip:

MIAMI GARDENS, FL 33054

SIGNATURE: EDORIS CROMARTIE, JR P 05/12/2005