

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P97000084458

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

FILED
Mar 26, 2006
Secretary of State

Current Principal Place of Business:

3888 N.W. 167TH STREET
MIAMI GARDENS, FL 33054 US

New Principal Place of Business:

Current Mailing Address:

3888 N.W. 167TH STREET
MIAMI GRADENS, FL 33054 US

New Mailing Address:

FEI Number: 65-0788654

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CROMARTIE, ALELOISE
4011 N.W. 188 ST
MIAMI, FL 33055 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: P () Delete
Name: CROMARTIE, EDORIS
Address: 4011 NW 188 ST
City-St-Zip: MIAMI, FL 33055

Title: S () Delete
Name: CROMARTIE, ALELOISE H
Address: 3888 N.W. 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33054

Title: T () Delete
Name: BURTH, SHINIKA C
Address: 3888 N.W. 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33054

Title: VP () Delete
Name: CROMARTIE, VERNARD F
Address: 3888 N.W. 167TH STREET
City-St-Zip: MIAMI GARDENS, FL 33054

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:

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: EDORIS CROMARTIE

PRES

03/26/2006

Electronic Signature of Signing Officer or Director

Date