


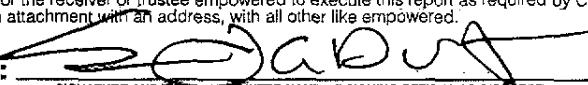


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P98000068037 <small>1. Entity Name</small> LAFFI CORP.					
<small>Principal Place of Business</small> 1259 S PINE ISLAND PLANTATION, FL 33324			<small>Mailing Address</small> 1259 S PINE ISLAND RD PLANTATION, FL 33324		
<small>2. Principal Place of Business</small>		<small>3. Mailing Address</small>		 06282005 Chg-P CR2E034 (10/03)	
<small>Suite, Apt. #, etc</small>		<small>Suite, Apt. #, etc.</small>			
<small>City & State</small>		<small>City & State</small>			
<small>Zip</small>		<small>Country</small>			
<small>4. FEI Number</small> 65-0854859				<small>Applied For</small> <input type="checkbox"/> Not Applicable	
<small>5. Certificate of Status Desired</small> <input type="checkbox"/>				\$8.75 Additional Fee Required	
<small>6. Name and Address of Current Registered Agent</small> DUPRIEST, SHERRY 1259 S PINE ISLAND PLANTATION, FL 33324				<small>7. Name and Address of New Registered Agent</small> Name _____ Street Address (P.O. Box Number is Not Acceptable) _____ City _____ FL Zip Code _____	
<small>8. 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. I am familiar with, and accept the obligations of registered agent.</small> SIGNATURE  6/28/05 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		<small>9. Election Campaign Financing Trust Fund Contribution.</small> <input type="checkbox"/>		\$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
<small>10. OFFICERS AND DIRECTORS</small>			<small>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</small>		
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	S DUPRIEST, SHERRY 11210 ROCKING HORSE RD COOPER CITY, FL 33026	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center; font-weight: bold;"> 000000370045 07/01/05-80007-004 150.00 </div>	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	T SNYDER, DOROTHY 7513 FAIRFAX DR TAMARAC, FL 33321	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	 	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	 	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	 	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	 	<input type="checkbox"/> Delete	<small>TITLE</small> NAME <small>STREET ADDRESS</small> <small>CITY - ST - ZIP</small>	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<small>12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.</small>					
SIGNATURE: 			6/28/05 9543825244		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		