

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000096211

FILED
Apr 19, 2005
Secretary of State

Entity Name: LAMCO PROPERTIES, INC.

Current Principal Place of Business:

8378 NW 66TH STREET
MIAMI, FL 33166

New Principal Place of Business:

Current Mailing Address:

782 NW LE JEUNE RD
SUITE 434
MIAMI, FL 33126

New Mailing Address:

FEI Number: 65-0488375 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOPEZ, ANTONIO R CPA
782 NW LE JEUNE RD.
SUITE 434
MIAMI, FL 33126 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: LASTRE, HECTOR
Address: 3801 ANDERSON RD
City-St-Zip: CORAL GABLES, FL 33134

Title: VDF () Delete
Name: MENA, GUILLERMO
Address: 8195 NW 69TH TERRACE
City-St-Zip: MIAMI, FL 33143

Title: SD () Delete
Name: PLACERES, ANTONIO
Address: 90 S HIBISCUS DR.
City-St-Zip: MIAMI BEACH, FL 33139

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:

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.

SIGNATURE: HECTOR LASTRE

PD

04/19/2005

Electronic Signature of Signing Officer or Director

Date