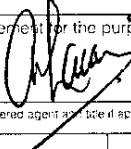
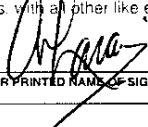


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90395 015 ***150.00

DOCUMENT # P99000041284					
1. Entity Name LACACI, INC.					
Principal Place of Business 2055 S.W. 122 AVE. #216 MIAMI, FL 33175			Mailing Address 2055 S.W. 122 AVE. #216 MIAMI, FL 33175		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip		Country		Zip	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ALBERTO, LACACI 2055 S.W. 122 AVE. #216 MIAMI, FL 33175				Name ALBERTO LACACI Street Address (P.O. Box Number is Not Acceptable) 9357 Fontainebleau Blvd apt D-101 City Miami FL Zip Code 33172	
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.					
SIGNATURE  (NOTE: Registered Agent signature required when re-registering)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LACACI, ALBERTO 2055 S.W. 122 AVE. #216 MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LACACI, ALBERTO 9357 Fontainebleau Blvd apt D-101 Miami, FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LACACI, NORMA 2055 S.W. 122 AVE. #216 MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LACACI, NORMA 9357 Fontainebleau Blvd D-101 Miami, FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S LACACI, KAREL 2055 S.W. 122 AVE. #216 MIAMI, FL 33175	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	LACACI, KAREL 9357 Fontainebleau Blvd D-101 Miami, FL 33172	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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.					
SIGNATURE:  ALBERTO LACACI Date 4/15/05					