


**2008 FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jan 23, 2008 08:00 AM
Secretary of State

DOCUMENT # S01910 1. Entity Name LAU INTERNATIONAL, INC.		
Principal Place of Business 36 NE 1ST ST. 438 MIAMI, FL 33132 US	Mailing Address 36 NE 1ST ST. 438 MIAMI, FL 33132 US	



01162008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0219275	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent LAU, TERRY 36 NE 1ST ST ROOM 438 MIAMI, FL 33132	DO NOT WRITE IN THIS SPACE
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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 reinstating) DATE: _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP LAU, TERRY 36 NE 1ST ST., #438 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAU, PETER 36 NE 1ST ST., #438 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV LAU, DAVID 36 NE 1ST ST., #438 MIAMI, FL
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/08-80009-009 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #