

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# S13751

FILED
Apr 16, 2008
Secretary of State

Entity Name: THE LAUREN INVESTMENT CORPORATION

Current Principal Place of Business:

C/O PAUL YANG
918 LINCOLN RD
MIAMI BEACH, FL 33139 US

New Principal Place of Business:

Current Mailing Address:

C/O PAUL YANG - 34 MANSION RIDGE BLVD.
MONROE, NY 10950 US

New Mailing Address:

FEI Number: 65-0226369 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PAUL YANG
C/O LEVINE & GEIGER, P.A.
1110 BRICKELL AVE 7TH FLOOR
MIAMI, FL 33131 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: PRES () Delete
Name: YANG, PAUL C/O ALAN, LEVINE
Address: 1110 BRICKELL AVE., 7TH FLOOR
City-St-Zip: MIAMI, FL 33131 US

Title: VP () Delete
Name: STANLEY LEVINE,
Address: 1110 BRICKELL AVE., 7TH FL
City-St-Zip: MIAMI, FL 33131 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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: PAUL YANG

PRES

04/16/2008

_____ Electronic Signature of Signing Officer or Director

_____ Date