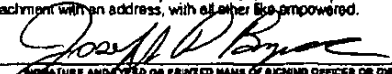


FILED
Jun 02, 2008 8:00 am
Secretary of State

5/1

05-01-2008 90200 004 ***150.00

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # S45978		
1. Entity Name LAUDERDALE MARKET PLACE, INC.		
Principal Place of Business 3050 UNIVERSAL BLVD, #100 FORT LAUDERDALE, FL 33331		Mailing Address 3050 UNIVERSAL BLVD, #100 FORT LAUDERDALE, FL 33331
66012897 		
04242008 No Chg-P CR2E034 (11/05)		
4. FEI Number 65-0272872		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent BYRNES, JOSEPH P 3050 UNIVERSAL BLVD, #100 SUITE 100 WESTON, FL 33331		DO NOT WRITE IN THIS SPACE
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 _____ DATE _____ Signature, typed or printed name of registered agent and fee if applicable. (NOTE: Registered Agent signature required when reappointing)		
FILE NOW!!! FEE IS \$150.00 ~ After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P GURIAN, FABIO SANDRIN CALLE SANATORIO DEL AVILA #26 BOLEITA NORTE CARACAS, VE	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SANDRIN, CRISTINA CALLE SANATORIO DEL AVILA #26 BOLEITA NORTE CARACAS, VE.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T SANDRIN, CRISTINA CALLE SANATORIO DEL AVILA #26 BOLEITA NORTE CARACAS, VE.	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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 filers empowered.		
SIGNATURE: 		5-30-08 934-385-0000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #