2007 FOR PROFIT CORPORATION ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

FILED
Apr 25, 2007 08:00 AM
Secretary of State

ח	റ	CI	J٨	1FI	VΤ	#	V64	627
$\boldsymbol{-}$	v	\sim	ノハ	/11_1	4 1	$_{m}$	* O-1	

1. Entity Name

E.A. LANDERS G.C., INC.



Principal Place of Business

7850 NW 146 ST.

SUITE 509

MIAMI LAKES, FL 33016 US

Mailing Address

7850 NW 146 ST.

SUITE 509

MIAMI LAKES, FL 33016 US



01272007

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-0362024

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LANDERS, EDWARD A. 7850 NW 146TH ST STE 509 MIAMI, FL 33016

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. It am familiar with, and accept the obligations of registered agent.												
SIGNATURE_	Signature, typed or printed name of registered agent and title	f applicable (NOTE Registered	i Agent signature	a required when reinstaling)	DATE							
FIL After Ma	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	Election Campaign Finan Trust Fund Contribution	cing	\$5.00 May Be Added to Fees	U00000731298 05/08/07-80116-016	150.00						
10.	OFFICERS AND DIRECTORS											
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LANDERS, EDWARD A. 7850 NW 146TH ST #509 MIAMI, FL 33016											
TITLE	ST		}									
NAME STREET ADDRESS	LANDERS, NANCY 7850 NW 146TH ST #509											
CITY-ST-ZIP	MIAMI, FL 33016											
TITLE												
NAME												
STREET ADDRESS			DO NOT WRITE									
CITY-ST-ZIP			····· - ·· - · · · · · · · · · · · · ·									
TITLE NAME				IN T	THIS SPACE							
STREET ADDRESS												
CITY-ST-ZIP												
TITLE												
NAME STREET ADDRESS												
CITY-ST-ZIP												
TITLE												
NAME												
STREET ADDRESS												

12. I hereby certify that the information supplied with this filling 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/ny 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 exepute 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 addition, with all other the empowered.

SIGNATURE:

ASSNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1 26 67

305-823-3928

Date

Daytime Phone #