


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jan 07, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000069253**

1. Entity Name  
**LABRADOR INVESTORS, INC.**



|   |   |
|---|---|
| Principal Place of Business<br>9240 SW 72ND STREET SUITE 216<br>MIAMI, FL 33134 | Mailing Address<br>9240 SW 72ND STREET SUITE 216<br>MIAMI, FL 33134 |
|---|---|

**DO NOT WRITE IN THIS SPACE**



01032004 No Chg-P CR2E034 (10/03)

|  |                                       |
|--|---------------------------------------|
| 4. FEI Number<br>65-1121548  | Applied For<br>Not Applicable         |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | <b>\$8.75</b> Additional Fee Required |

6. Name and Address of Current Registered Agent

SHERMAN, THOMAS G  
 218 ALMERIA AVENUE  
 CORAL GABLES, FL 33134

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

|  |   |
|--|---|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP | D<br>SARMIENTO, ANTONIO A<br>9240 SW 72ND STREET SUITE 216<br>MIAMI, FL 33134 |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |
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| TITLE<br>NAME<br>STREET ADDRESS<br>CITY - ST - ZIP |   |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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: 1/5/04 [Signature] DATE: \_\_\_\_\_ DAYTIME PHONE #: 305 588-6120

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR