

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000109671

Entity Name: LA & ASSOCIATES, INC.

FILED
Jun 30, 2005
Secretary of State

Current Principal Place of Business:

15715 SOUTH DIXIE HWY., #212
MIAMI, FL 33157

Current Mailing Address:

15715 SOUTH DIXIE HWY., #212
MIAMI, FL 33157

New Principal Place of Business:

15715 SOUTH DIXIE HWY.
#212
MIAMI, FL 33157

New Mailing Address:

15715 SOUTH DIXIE HWY.
#212
MIAMI, FL 33157

FEI Number: 20-0281656

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

VILLANUEVA, LOISAM
7420 WEST 20 AVE., APT 249
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

VILLANUEVA, LOISAM
8439 SW 157TH COURT
MIAMI, FL 33193 US

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: LOISAM VILLANUEVA

06/30/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: PSTD () Delete
Name: VILLANUEVA, LOISAM
Address: 7420 WEST 20 AVE., APT 249
City-St-Zip: HIALEAH, FL 33016

Title: D () Delete
Name: DOMINGUEZ, JOSE G
Address: 13217 S.W. 203 STREET
City-St-Zip: MIAMI, FL 33177

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PSTD (X) Change () Addition
Name: VILLANUEVA, LOISAM
Address: 8439 SW 157TH COURT
City-St-Zip: MIAMI, FL 33193

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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: LOISAM VILLANUEVA

PSTD

06/30/2005

Electronic Signature of Signing Officer or Director

Date