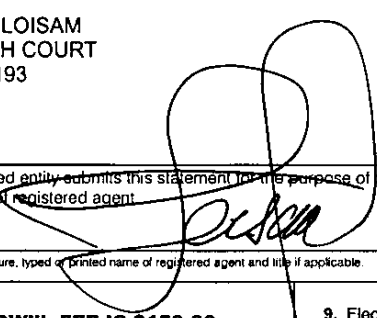
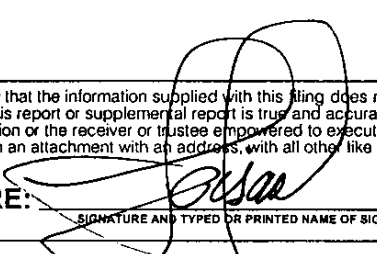


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2006 8:00 am
Secretary of State

01-20-2006 90028 009 ***150.00

DOCUMENT # P03000109671 1. Entity Name LA & ASSOCIATES, INC.					
Principal Place of Business 15715 SOUTH DIXIE HWY. #212 MIAMI, FL 33157			Mailing Address 15715 SOUTH DIXIE HWY. #212 MIAMI, FL 33157		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 15342 SW 11 ST Suite, Apt. #, etc.			
City & State MIAMI FL		4. FEI Number 20-0281656		Applied For ☐ Not Applicable	
Zip 33194	Country	5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent VILLANUEVA, LOISAM 8439 SW 157TH COURT MIAMI, FL 33193			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15342 SW 11 ST City MIAMI FL Zip Code 33194		
8. The above named entity admits 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  LOISAM VILLANUEVA DATE 01/13/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD VILLANUEVA, LOISAM 8439 SW 157TH COURT MIAMI, FL 33193	☐ Delete ☒ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOMINGUEZ, JOSE G 13217 S.W. 203 STREET MIAMI, FL 33177	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
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 like empowered.					
SIGNATURE:  LOISAM VILLANUEVA-PRES DATE 01/13/06 (305) 234-0024 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					