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Jan 20, 2006 8:00 am
Secretary of State
01-20-2006 90028 009 ***150.00

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000109671

1. Entity Name
LA & ASSOCIATES, INC.

Principal Place of Business	Mailing Address
15715 SOUTH DIXIE HWY. #212 MIAMI, FL 33157	15715 SOUTH DIXIE HWY. #212 MIAMI, FL 33157

01132006 Chg-P CR2E034 (11/05)

2. Principal Place of Business	3. Mailing Address
	15342 SW 11 ST
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State: MIAMI FL
Zip / Country	Zip: 33194 / Country

4. FEI Number: 20-0281656 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
VILLANUEVA, LOISAM 8439 SW 157TH COURT MIAMI, FL 33193	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 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: [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	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 15342 SW 11 ST MIAMI FL 33194
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DOMINGUEZ, JOSE G 13217 S.W. 203 STREET MIAMI, FL 33177 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: [signature] LOISAM VILLANUEVA- PRES 01/13/06 (305) 234-0024
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #