2007 FOR PROFIT CORPO ATION ANNUAL REPORT

DOCUMENT # P05000139187

1. Entity Name LA ACCESS, INC.

SIGNATURE:

Principal Place of Business

169 E FLAGLER STREET SUITE 1534 MIAMI, FL 33131 Mailing Address
169 E FLAGLER STREET SUITE 1534

MIAMI, FL 33131

FILED Jan 26, 2007 08:00 AM Secretary of State



DO NOT WRITE IN THIS SPACE

 
 01132007
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number 20-3735516
 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

WALKER, MONEQUE S ESQ 8260 WEST FLAGLER STREET SUITE 1E MIAMI, FL 33144

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for the pons of registered agent.	urpose of changing its re	gistered office or r	egistered agent, or b	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered agent and title	applicable (NOTE: R	Registered Agent signature	e required when reinstating)	DATE
FILE NOWIII FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00  9. Election Campaign Finance Trust Fund Contribution.				\$5.00 May Be Added to Fees	U00000605608 01/30/07-80042-014 150.00
10. TITLE NAME STREET ADDRESS CNY-S1-2/P	OFFICERS AND DIRECT PS KOOK, JANINA 169 E FLAGLER STREET SUITE 1534 MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
12. I hereby certify that the information supplied with this filing does not quality 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daysone Priorie ?