

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000098940

**Entity Name:** L.A APIARIES INC.

**Current Principal Place of Business:**

4360 16 AVE S.E  
NAPLES, FL 34116

**Current Mailing Address:**

PO BOX 990453  
NAPLES, FL 34116 UN

**FEI Number:** 46-4302253

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ALEMAN, LUIS A  
4360 16 AVE S.E  
NAPLES, FL 34117 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**Officer/Director Detail :**

Title            PRES  
Name            ALEMAN, LUIS  
Address        PO BOX 990453  
City-State-Zip: NAPLES FL 34116

*I hereby 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 all other like empowered.*

**SIGNATURE:** LUIS ALEMAN

PRES/OWNER

04/27/2015

\_\_\_\_\_ Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_ Date