


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2005 08:00 AM
Secretary of State

DOCUMENT # P02000114333 1. Entity Name LARISABLA, INC	
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Principal Place of Business 530 W. LANCASTER ROAD ORLANDO, FL 32809	Mailing Address 530 W. LANCASTER ROAD ORLANDO, FL 32809
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04262005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0538890	Applies For Not Applicable
5. Certificate of Status Destroyed <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**VERA, RICARDO L
5124 LAVEL DR.
ORLANDO, FL 32839**

DO NOT WRITE IN THIS SPACE

7. 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 _____ DATE _____
Signature, typed or printed name of registered agent and, if applicable, (PCL) is Registered Agent signature requires when reinstated.

**FILE NOW!!! FEE IS \$180.00
After May 1, 2005 Fee will be \$850.00**

8. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD LUIS, BLANCA R 5124 LAVEL DR. ORLANDO, FL 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S VERA, SANDRA 5124 LAVELDR. ORLANDO, FL 32839
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04262005-00018-003 15000

PCK #2220 4/27/05

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: *RJA* DATE: *4/27/05*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR