

2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT# P03000072605

Entity Name: L.G.A. LABORER, INC

FILED
Feb 08, 2005
Secretary of State

Current Principal Place of Business:

472 SW 125 TERRACE
DAVIE, FL 33325 US

New Principal Place of Business:

1866 SW GEMINI LANE
PORT ST LUCIE, FL 34984 US

Current Mailing Address:

472 SW 125 TERRACE
DAVIE, FL 33325 US

New Mailing Address:

1866 SW GEMINI LANE
PORT ST LUCIE, FL 34984 US

FEI Number: 77-0604232

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

TREJO, CARLOS A
7156 PINE BUFF DR.
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

GARCIA, LUIS A P
1866 SW GEMINI LANE
PORT ST LUCIE, FL 34984 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: LUIS A GARCIA

02/08/2005

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GARCIA, LUIS A
Address: 472 SW 125 TERRACE
City-St-Zip: DAVIE, FL 33325 US

Title: V (X) Delete
Name: TREJO, CARLOS A
Address: 7156 PINE BUFF DRIVE
City-St-Zip: LAKE WORTH, FL 33467

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GARCIA, LUIS A P
Address: 1866 SW GEMINI LANE
City-St-Zip: PORT ST LUCIE, FL 34984 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: LUIS A GARCIA

P

02/08/2005

Electronic Signature of Signing Officer or Director

Date