


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

3/31

**FILED**  
**Apr 18, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90029 032 \*\*\*150.00

**DOCUMENT # P04000088303**  
 1. Entity Name  
**L.A. BATTERIES CORP.**



Principal Place of Business      Mailing Address  
**150 SE 2ND AVE STE 1200**      **150 SE 2ND AVE STE 1200**  
**MIAMI, FL 33131**      **MIAMI, FL 33131**

2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.

City & State      City & State

Zip      Country      Zip      Country

01062005      Chg-P      CR2E034 (10/03)

4. FEI Number  
**20-1226315**      Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent  
**ROSEN, BORIS**  
**150 SE 2ND AVE STE 1200**  
**MIAMI, FL 33131**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed with copy of agent and held if acceptable. (NOTE: Registered agents require a separate registration fee)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 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-STATE-ZIP	P KASNER, CARLOS 150 SE 2ND AVE STE 1200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	V NEMIROVSKY, MARCELO 150 SE 2ND AVE STE 1200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	S FREUND, GUILLERMO 150 SE 2ND AVE STE 1200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	T KASNER, ROBERTO 150 SE 2ND AVE STE 1200 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-STATE-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not, in any way, constitute an exemption under Section 119.07(3)(1), 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, or power 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 which I am employed.

**SIGNATURE:** *Carlos Kasner*      **KASNER, CARLOS**      **3/21/05**      **(305) 374-2001**  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      DATE      PHONE NUMBER