


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

DOCUMENT # P94000008021		
1. Entity Name LAR, INC.		

**FILED**  
05 JAN 10 PM 5:26  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 550 BILTMORE WAY #890 CORAL GABLE, FL 33134 US	Mailing Address 550 BILTMORE WAY #890 CORAL GABLE, FL 33134 US
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**DO NOT WRITE IN THIS SPACE**



01042005 No Chg-P CR2E034 (10/03) 05

4. FEI Number 65-0501156	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

CORPDIRECT AGENTS, INC.  
103 NORTH MERIDIAN STREET  
LOWER LEVEL  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

B. 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

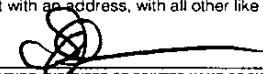
9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROUDNER, LEONARD A 550 BILTMORE WAY, #890 CORAL GABLES, FL
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000045623770  
01/31/05--01009--007 \*\*150.00

**DO NOT WRITE  
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12. I hereby certify that the information supplied with this filing does not qualify 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 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:  \_\_\_\_\_ DATE: 1/5/05 DAYTIME PHONE: 305-444-8585

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Leonard A. Roudner**