

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P19000076018

Entity Name: LA ONE USA, INC.**Current Principal Place of Business:**16711 COLLINS AVENUE
SUITE 1601
SUNNY ISLES BEACH, FL 33160**Current Mailing Address:**230 SOUTH 28TH AVENUE
HOLLYWOOD, FL 33020 US**FEI Number:** 84-3324639**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**BOCKING, JUAN ALBERTO
230 SOUTH 28TH AVENUE
HOLLYWOOD, FL 33020 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	PD
Name	VIVO, ANDREINA MARIA
Address	16711 COLLINS AVENUE SUITE 1601
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	BOCKING VIVO, ANDREINA MARIA
Address	16711 COLLINS AVENUE SUITE 1601
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	BOCKING VIVO, MARIA
Address	16711 COLLINS AVENUE SUITE 1601
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	VPD
Name	BOCKING, JUAN ALBERTO
Address	16711 COLLINS AVENUE SUITE 1601
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	BOCKING VIVO, ALBERTO JUAN
Address	16711 COLLINS AVENUE SUITE 1601
City-State-Zip:	SUNNY ISLES BEACH FL 33160

Title	DIRECTOR
Name	BOCKING VIVO, RODRIGO
Address	16711 COLLINS AVENUE SUITE 1601
City-State-Zip:	SUNNY ISLES BEACH FL 33160

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: ANDREINA MARIA VIVO**PRESIDENT****04/27/2022**

Electronic Signature of Signing Officer/Director Detail

Date