

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # 366223

1. Entity Name
LAS BOCAS CORPORATION



Principal Place of Business
**3528 LEGACY HILLS COURT
LONGWOOD, FL 32779 US**

Mailing Address
**3528 LEGACY HILLS COURT
LONGWOOD, FL 32779 US**



03152008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
22-1911301

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**SCHWARTZ, WINSTON D
3528 LEGACY HILLS COURT
LONGWOOD, FL 32779**

**DO NOT WRITE
IN THIS SPACE**

6. 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 _____

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

1000000472996
03/30/06-80016-020 150.00

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	SCHWARTZ, CHARLOTTE
STREET ADDRESS	3528 LEGACY HILLS COURT
CITY-STATE-ZIP	LONGWOOD, FL
TITLE	PTD
NAME	SCHWARTZ, WINSTON D
STREET ADDRESS	3528 LEGACY HILLS COURT
CITY-STATE-ZIP	LONGWOOD, FL
TITLE	VD
NAME	SCHWARTZ, LEONIDAS
STREET ADDRESS	JUSTAMERE FARM
CITY-STATE-ZIP	DOE HILL, VA
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Winston D. Schwartz - Pres.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/15/06

Date

Daytime Phone #