

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # 544397

1. Entity Name
LAGUNITA CORP.



Principal Place of Business
**C/O DELCO REALTY, INC.
8798 SW 8TH STREET
MIAMI, FL 33174**

Mailing Address
**C/O DELCO REALTY, INC.
8798 SW 8TH STREET
MIAMI, FL 33174**



03252004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1838474

Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

**FERNANDEZ, DORITA C
8798 S.W. 8TH ST.
STE. #1
MIAMI, FL 33174**

**DO NOT WRITE
IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	COUTTENYE, BLANCA KEY DE
STREET ADDRESS	8798 S.W. 8TH ST. #1
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	VD
NAME	COUTTENYE, INGERBORG DE
STREET ADDRESS	8798 S.W. 8TH ST. #1
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	V
NAME	COUTTENYE, JUAN C
STREET ADDRESS	8798 S.W. 8TH ST. #1
CITY-ST-ZIP	MIAMI, FL
TITLE	S
NAME	DEL COLLADO, ANTOLIN
STREET ADDRESS	8798 S.W. 8TH ST. #1
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	T
NAME	FERNANDEZ, DORITA C
STREET ADDRESS	8798 S.W. 8TH ST. #1
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/29/04-80051-011 158.75

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DORITA C. FERNANDEZ

Date

Daytime Phone #

3/26/04 305-553-8904