

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # F00000000355

1. Entity Name
LA ROUND ROCK CORP.



Principal Place of Business

C/O JAY FELNER
4182 LIVE OAK BLVD
DELRAY BEACH, FL 33445

Mailing Address

C/O JAY FELNER
4182 LIVE OAK BLVD
DELRAY BEACH, FL 33445

FILED

06 MAR 13 AM 8:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02022006 No Chg-P CR2E034 (11/05)

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4. FEI Number

36-4341904

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

FELNER, JAY
4182 LIVE OAK BLVD.
DELRAY BEACH, FL 33445

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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, 2006 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PT
NAME WAGNER, NATHAN
STREET ADDRESS 600 CENTRAL AVE., SUITE 365
CITY- ST- ZIP HIGHLAND PARK, IL 60035

TITLE VD
NAME SCHWARTZBERG, ALBERT
STREET ADDRESS 44 SOUTH BROADWAY, SUITE 614
CITY- ST- ZIP WHITE PLAINS, NY 10601

TITLE S DV
NAME GOLDMAN, ROBERT U
STREET ADDRESS 600 CENTRAL AVENUE, SUITE 365
CITY- ST- ZIP HIGHLAND PARK, IL 60035

TITLE VD
NAME FELNER, JAY
STREET ADDRESS 4182 LIVE OAK BLVD.
CITY- ST- ZIP DELRAY BEACH, FL 33445

TITLE D
NAME WAXMAN, CHARLES
STREET ADDRESS 1695 LAKE COOK ROAD, APT. 229
CITY- ST- ZIP HIGHLAND PARK, IL 60035

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

JS 3/16

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IN THIS SPACE

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03/30/06--01048--007 **150.00

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Nathan Wagner, Treasurer

3/10/06

847-432-3666

Date

Daytime Phone #