

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 23, 2005 8:00 am
Secretary of State

02-23-2005 90061 046 ***150.00

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1. Entity Name

LAстра AMERICA CORPORATION



Principal Place of Business

2034 N JACKSON
JACKSONVILLE, TX 75766

Mailing Address

2034 N JACKSON
JACKSONVILLE, TX 75766

DO NOT WRITE IN THIS SPACE



02012005 No Chg-P CR2E034 (10/03)

4. FEI Number

41-0940523

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**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, 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 P
NAME SAGGIOMO, THOMAS
STREET ADDRESS 559 A FEDERAL ROAD
CITY-ST-ZIP BROOKFIELD, CT 06804 100 CHALLENGER RD.
RIDGEFIELD PARK NJ 07660

TITLE T
NAME DAVINI, LUIGI
STREET ADDRESS VIA BRESCIA 36
CITY-ST-ZIP MANERBIO, ITALY, 25025

TITLE S
NAME EMMERT, DAVID
STREET ADDRESS 2034 N JACKSON
CITY-ST-ZIP JACKSONVILLE, TX 75766

TITLE T
NAME COAKLEY, TIM
STREET ADDRESS 100 CHALLENGER RD
CITY-ST-ZIP RIDGEFIELD PARK, NJ 07660

TITLE S
NAME SARAFIAN, ROBERT
STREET ADDRESS 200 BALLARDVALE ST.,
CITY-ST-ZIP WILMINGTON MA 01887

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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)(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TIM COAKLEY 2/14/2005

Date

Daytime Phone #