2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Jun 03, 2004 8:00 am Secretary of State

Daytime Phone #

DOCUMENT # F98000002606 1. Entity Name LAR HOLDING, LTD., INC.						06-03-2	004 9000	2 045 **	*550.00	
Principal Plac 701 BRICKEL STE 3000 MIAMI, FL 33	L AVE	Mailing Address 701 BRICKELL AVE STE 3000 MIAMI, FL 33131 3. Mailing Address						0564! 	5 5	
Suite, Apt. #, etc. Suite, Apt. #, etc. 1400				•.	02022004	Chg-P		4 (10/03)	(56) W 188 1	
City & State	oscayne, FL.	City & State MIAMI, FL.	·····		4. FEI Numbe	PPLICABLE		_ 	plied For Applicable	
3314	9 USA	^{Zip} 33130	Country USA			of Status Desired		8.75 Add ee Required		
	6. Name and Address of Current		7. Name and Address of New Registered Agent							
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324					et Address (P.O. Box Number is Not Acceptable)					
				ity FL Zip Code						
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 crinted name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
FILE NOWILL FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Added to Fees										
10.	OFFICERS AND		11.		ADDITIONS,	CHANGES TO OFF				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RENTA, LUIS ALVAREZ 701 BRICKELL AVE, STE 3000 MIAMI, FL 33131	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	150	a, Luis West Fl Mi, Fl.	Alvarez agier St. Su 33130	,	K Change	Addition Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RODRIGUEZ, ZAIDA A 701 BRICKELL AVE,STE 3000 MIAMI, FL 33131	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Vi 101 150	zw. Hec	itor gler St. Sut	·	Change	Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	1	□ Defete	TITLE NAME STREET ADDRESS CITY+ST-ZIP					☐ Change	Addition	
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 OF PRINTED MARKE OF SIGNING OFFICER OR OPICCTOR Date Davisme Phone #										