2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 21, 2005 08:00 AM Secretary of State

ANNUAL REPORT				Apr 21, 2005 08:00	
DOCUMENT # F98000002606 1. Entity Name LAR HOLDING, LTD., INC.				Se	cretary of State
1111 CRAN	ce of Business IDON BLYD 'NE, FL 33149	Mailing Address 150 WEST FLAGLER ST 1400 MIAMI, FL 33130] 	! Kalili erink jiria kuri aruka ankazo ili dak
DO NOT WRITE IN THIS SPAC			CE	03282005 No Chg-P 4. FEI Number NOT APPLICABLE 5. Certificate of Status Desired	CR2E034 (10/03) Applied For Not Applicable \$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 W IN THIS SP	
the obligation of the state of	e named entity submits this statement for the titions of registered agent. Signature, typed or printed name of registered agent and E NOW!!! FEE IS \$150.00 lay 1, 2005 Fee will be \$550.00	Gle 7 applicable (NOTE Register	ad Agent signature required		DATE
10. OFFICERS AND DIRECTORS					·
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	V RENTA, LUIS ALVAREZ	ECTORS		U0000 04/21/175-)320323 -80032-023 150.00
STREET ADDRESS CITY-ST-ZIP TITLE NAME	150 W FLAGLER ST STE 1400 MIAMI, FL 33130 PD RIVERA, LUIS A	, , , , , , , , , , , , , , , , , , , 			
STREET ADDRESS CITY-ST-ZIP	150 W FLAGLER ST STE 1400 MIAMI, FL 33130		<u> </u>	DO NOT W	RITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	miran, C do loo			IN THIS SP	1
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS		<u> </u>			

12. I hereby certify that the information supplied with this filing does not adultly for the exemption stated in Section 119 07(3)(i). Florida Statutes. I further certify that the information indicated on this report of supplier ental 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 on the receiver or trustee amounted to execute this leport as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachiment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/12/05

Daytime Phone #