2005 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # G15618

1. Entity Name
LAURA PLAZA, INC.

Principal Place of Business	Mailing Address
13947 BEACH BLVD 210 JACKSONVILLE, FL 32224 US	13947 BEACH BLVD SUITE 210 JACKSONVILLE, FL 32224 US

DO NOT WRITE IN THIS SPACE

02202005   No Chg-P   CR2E034 (10/03)

4. FEI Number 59-2280344	Applied For
	Not Applicable

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

6. Name and Address of Current Registered Agent

Ashourian
ASHOVGIAN, MIKE
13947-210 BEACH BLVD
JACKSONVILLE, FL 32224

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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	DP Ashourian
NAME	ASHOVRIAN, MIKE
STREET ADDRESS	13947-210 BEACH BLVD
CITY-ST-ZIP	JACKSONVILLE, FL 32224
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/22/05-80010-020 150.00

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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: _____   904-992-8000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #