## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J95463

OLIVARES ,HOLLY ANA,

1910 NW 97TH AVE

MIAMI,, FL 33172

Name:

Address:

City-St-Zip:

FILED Feb 19, 2008 Secretary of State

Entity Name: LAGUNITA HOLDINGS, INC.							
Current Principal Place of Business:			New Princ	New Principal Place of Business:			
1910 NW 9 MIAMI, FL	97TH AVENUE 33172 US						
Current Mailing Address:			New Mailing Address:				
1910 NW 9 MIAMI, FL	97TH AVENUE 33172 US						
FEI Number:	59-2853469	FEI Number Applied For ( )	FEI Number Not Appl	icable ( )	Certificate of Status Desi	red()	
Name and	Address of C	urrent Registered Agent:	Name and	Name and Address of New Registered Agent:			
	ARMANDO G LONIA AVE ST 33134 US	E 705					
	named entity s e of Florida.	ubmits this statement for the p	ourpose of changing it	ts registered c	office or registered agen	t, or both,	
SIGNATUR	RE:						
	Electroni	c Signature of Registered Ag	ent		Date		
Election Car	npaign Financing	Trust Fund Contribution ( ).					
OFFICERS	S AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:			
Title: Name: Address: City-St-Zip:	P () RINCON, HOLLY 1910 NW 97 TH MIAMI, FL 3317	AVENUE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title: Name: Address: City-St-Zip:	VP () RINCON,LUIS A 1910 NW 97TH. MIAMI, FL 3317	AVE	Title: Name: Address: City-St-Zip:	SEC (X RINCON ,ANA 0 1910 NW 97TH MIAMI, FL 331	IAVE		
Title: Name: Address: City-St-Zip:	TREA () RINCON,LUIS A 1910 NW 97TH MIAMI, FL 3317	AVE	Title: Name: Address: City-St-Zip:	( )	) Change ()Addition		
Title:	SEC ()	Delete	Title:	VP (X	) Change ( ) Addition		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

OLIVARES , HOLLY ANA,

1910 NW 97TH AVE

MIAMI,, FL 33172

SIGNATURE: OLIVARES HOLLY ANA VΡ 02/19/2008