

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 08, 2006 8:00 am
Secretary of State

05-08-2006 90307 045 ***158.75

DOCUMENT # K32109

1. Entity Name
LAstra CUTTING SERVICE INC.



Principal Place of Business

~~1040 E. 3RD ST.~~ **1740 W 8TH AVE.**
HIALEAH, FL 33010-5155

Mailing Address

~~1040 E. 3RD ST.~~ **1740 W 8TH AVE**
HIALEAH, FL 33010-5155

00010400



04222006 No Chg-P CR2E034 (11/05)

4. FEI Number

65-0119611

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

LAstra, OSVALDO
~~1040 E. 3RD STREET~~ **1740 W 8TH AVE.**
HIALEAH, FL 33010-5155

**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, 2006 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
P
LAstra, OSVALDO
~~1040 E 3 ST~~ **1740 W 8TH AVE**
HIALEAH, FL 33010

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 or without other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

OSVALDO LAstra

4/24/06

Date

(305) 882-0544

Daytime Phone #