

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 13, 2004 8:00 am
Secretary of State

05-13-2004 90005 011 ***150.00

DOCUMENT # M26305 1. Entity Name LANDY CORP.					
Principal Place of Business 56515 W 88 AVE MIAMI, FL 33173				Mailing Address 56515 W 88 AVE MIAMI, FL 33173	
2. Principal Place of Business 8814 WEST FLAGLER STREET Suite, Apt. #, etc. UNIT 110 City & State MIAMI, FL 33174 Zip 33174		3. Mailing Address 8814 WEST FLAGLER STREET Suite, Apt. #, etc. UNIT 110 City & State MIAMI, FL 33174 Zip 33174		<div style="font-size: 24px; font-weight: bold;">24075040</div>	
Country US		Country US		02282003 Chg-P CR2E034 (10/03)	
4. FEI Number 59-1353188				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GARCIA, MAGGIE 56515 W 88 AVE MIAMI, FL 33173			7. Name and Address of New Registered Agent Name JIM PUENTE, CPA Street Address (P.O. Box Number is Not Acceptable) 11120 N. KENDALL DRIVE, SUITE 200 City MIAMI FL Zip Code 33176		
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 <u><i>[Signature]</i></u> DATE <u>5/06/04</u> <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating))</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PS GARCIA, MAGGIE 5651 S.W. 88 AVE. MIAMI, FL 33173 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition GARCIA, MAGGIE 8814 WEST FLAGLER STREET, UNIT 110 MIAMI, FL 33174	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T RAMIREZ, YUCELIN S 11945 SW 7TH ST. MIAMI, FL 33184 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: <u><i>[Signature]</i></u> <u>5/10/04</u> 305-226-4292 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					