

**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # M57940**

1. Entity Name  
**LARIOS CORPORATION**



Principal Place of Business  
**7705 W. FLAGLER ST.  
MIAMI, FL 33126**

Mailing Address  
**7705 W. FLAGLER ST.  
MIAMI, FL 33126**



02012005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0031376**

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

**LARIOS, QUINTIN  
735 CALATRAVA AV  
CORAL GABLES, FL 33143**

**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, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U00000218213  
02/07/05-80059-023 150.00

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	LARIOS, QUINTIN
STREET ADDRESS	735 CALATRAVA AV
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	V
NAME	LARIOS, MARIA T
STREET ADDRESS	735 CALATRAVA AV
CITY-ST-ZIP	CORAL GABLES, FL 33143
TITLE	D
NAME	CARRERAS, MARIA
STREET ADDRESS	7250 SW 102ND ST
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	MARTINEZ, DELIA
STREET ADDRESS	7296 S.W. 102ND STREET
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	D
NAME	PALENZUELA, GONZALO JR
STREET ADDRESS	1206 MANATI AVE
CITY-ST-ZIP	CORAL GABLES, FL 33146
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #