

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Aug 27, 2007 8:00 am
Secretary of State

08-27-2007 90032 005 ****75.00

DOCUMENT # N05000006760

1. Entity Name

LA FOUNDATION, INC.



Principal Place of Business

Mailing Address

10770 SW 88TH STREET
SUITE H1
MIAMI FL 33176
US

10770 SW 88TH STREET
SUITE H1
MIAMI FL 33176
US



2. Principal Place of Business - No P.O. Box #

10770 SW 88 ST.

3. Mailing Address

10770 SW 88 ST

Suite, Apt. #, etc.

H-1

Suite, Apt. #, etc.

H-1

City & State

MIAMI FL.

City & State

MIAMI Florida

Zip

33176-1420

Country

USA.

Zip

33176-1420

Country

USA

2nd MOORE

CR2E037 (4/07)

4. FEI Number

32-0153567

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARGUDO, LEO
10770 SW 88TH STREET
SUITE H1
MIAMI FL 33176

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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]

Signature of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

08-20-2007

FILE NOW: FEE IS \$61.25
Due By September 5, 2007

9. Election Campaign Financing
Trust Fund Contribution.

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\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE: PRES
NAME: MAYOR, LINDA C
STREET ADDRESS: 341 MADEIRA AVE # 3
CITY-ST-ZIP: CORAL GABLES FL 33134 ☒ Delete

TITLE: VP OWNER
NAME: ARGUDO, LEO
STREET ADDRESS: 10770 SW 88TH STREET # H1
CITY-ST-ZIP: MIAMI FL 33176 ☐ Delete

TITLE: V. PRES.
NAME: ALFREDO FRONTERA
STREET ADDRESS: 10501 SW 108 AVE # A-110
CITY-ST-ZIP: MIAMI FL 33176 ☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE:
NAME: MAYOR, LINDA C. ☒ Change ☐ Addition
STREET ADDRESS: 8117 WEST 36th AVE, Unit #5
CITY-ST-ZIP: HIALEAH, FL 33018

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

TITLE:
NAME:
STREET ADDRESS:
CITY-ST-ZIP:
☐ Change ☐ Addition

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 617, 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

8/20/07. 305-562-3984