

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 13, 2006 8:00 am
Secretary of State

02-13-2006 90019 003 ***150.00

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1. Entity Name
JIM MCLEAN - LAQUINTA, INC.



Principal Place of Business
**4400 NORTHWEST 87 AVENUE
MIAMI, FL 33178-2192**

Mailing Address
**4400 NORTHWEST 87 AVENUE
MIAMI, FL 33178-2192**

DO NOT WRITE IN THIS SPACE



02072006 No Chg-P CR2E034 (11/05)

4. FEI Number
65-0993642

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

**MCLEAN, JIM
4400 NW 87 AVE
MIAMI, FL 33178**

**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
**VP
PAIGE, JOEL
4400 NW 87 AVE
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PD
MCCLEAN, JIM
4400 NW 87 AVE
MIAMI, FL 33178**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

Jim McLean
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/17/06
Date

305-591-6609
Daytime Phone #