

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P00000040738

1. Entity Name
LAROYE PROPERTIES, INC.



Principal Place of Business

**4271 SW 75 AVENUE
MIAMI, FL 33155**

Mailing Address

**4271 SW 75 AVENUE
MIAMI, FL 33155**



04282004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-1023646

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

**GONZALEZ, MARTHA MILIAN
4271 SW 75 AVENUE
MIAMI, FL 33155**

**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, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

**U000000150943
05/04/04-80026-015 150.00**

10. OFFICERS AND DIRECTORS

TITLE PD
NAME GONZALEZ, NELSON ALBERTO
STREET ADDRESS 4271 SW 75 AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE STD
NAME GONZALEZ, MARTHA MILIAN
STREET ADDRESS 4271 SW 75 AVENUE
CITY-ST-ZIP MIAMI, FL 33155

TITLE VD
NAME GONZALEZ, YVETTE
STREET ADDRESS 4271 SW 75 AVENUE
CITY-ST-ZIP MIAMI, FL 33155

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 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: *Martha M. Gonzalez*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/04
Date

Daytime Phone #