2004 FOR PROFIT SORPORATION ANNUAL REPORT

FILED Apr 30, 2004 08:00 AM Secretary of State

ANNUAL REPORT					Apr 50, 2004 00.00 A			
DOCUM	MENT # P00000		1	3	ecretary of S	state		
1. Entity Name LASTRA S	SERVICE STATION, IN	IC.		}				
Principal Place of Business 9001 SOUTHWEST 168TH COURT MIAMI, FL 33196 Mailing Address 256 NW 42 AVE MIAMI, FL 33126					14 14 114 15 114 15 111 61 441 1	445 x 1 110 x 1111 x 1111 x 1110 x	16 4 11 14	
D	O NOT WRI	ACE	04062004 No Chg-P CR2E034 (10/03) 4. FEI Number Applied For Not Applied For Not Applicable 5. Certificate of Status Desired S8.75 Additional Fee Required					
343 ALMER CORAL GA	6. Name and Address of C & UTRERA, P.A. RIA AVENUE ABLES, FL. 33134		DO NOT WRITE IN THIS SPACE					
the obligati	named entity submits this states ions of registered agent. Signature typed or printed name of register	ment for the purpose of changing its regis	stered office or registe		oth, in the State of F	Torida. I am familiar with, and	accept	
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.				5.00 May Be ided to Fees				
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICER PSTD LASTRA, JOURDAN 9001 SOUTHWEST 168TH MIAMI, FL 33196	S AND DIRECTORS			ប្រភពភាព ព្រះការម	0142257 -888,44-811 190.		
NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS CITY ST-ZIP	ADDRESS			DO NOT WRITE IN THIS SPACE				
TITLE NAME STREET ADDRESS CITY - ST - ZIP TITLE NAME								

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 trusted 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:

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #