

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2006 8:00 am**  
**Secretary of State**

04-27-2006 90199 027 \*\*\*150.00

**DOCUMENT # P01000055810**

1. Entity Name  
**LAS TARASCAS, CORP.**



Principal Place of Business  
**4701 LYONS RD., LOT 151  
COCONUT CREEK, FL 33073**

Mailing Address  
**4701 LYONS RD., LOT 151  
COCONUT CREEK, FL 33073**

40067098

2. Principal Place of Business  
**181 S.W. 6th St**  
Suite, Apt. #, etc.

3. Mailing Address  
**181 S.W. 6th St**  
Suite, Apt. #, etc.



04062006 Chg-P CR2E034 (11/05)

City & State  
**Pompano Beach, FL 33060**

City & State  
**Pompano Beach, FL 33060**

4. FEI Number  
**65-1110154**

Applied For  
Not Applicable

Zip Country  
**33060 USA**

Zip Country  
**33060 USA**

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

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

**LOPEZ, MARIANO  
4701 LYONS RD., LOT 151  
COCONUT CREEK, FL 33073**

**7. Name and Address of New Registered Agent**

Name **LOPEZ, MARIANO**  
Street Address (P.O. Box Number is Not Acceptable)  
**4361 N.W. 75TH WAY**  
City **CORAL SPRINGS, FL** Zip Code **33065**

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

04/24/06

**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	P	<input type="checkbox"/> Delete
NAME	LOPEZ, MARIANO	
STREET ADDRESS	4701 LYONS RD LOT 151	
CITY-ST-ZIP	COCONUT CREEK, FL 33093	
TITLE	VP	<input type="checkbox"/> Delete
NAME	LOPEZ, ANTONIO	
STREET ADDRESS	4107 NW 13TH AVE.	
CITY-ST-ZIP	FT LAUDERDALE, FL 33509	
TITLE	T	<input type="checkbox"/> Delete
NAME	LOPEZ, JOSE	
STREET ADDRESS	4107 NW 13TH AVE	
CITY-ST-ZIP	FT LAUDERDALE, FL 33309	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Mariano	
STREET ADDRESS	4361 N.W. 75th Way	
CITY-ST-ZIP	Coral Springs, FL 33065	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	López, Antonio	
STREET ADDRESS	6211 S.W. 19th Street	
CITY-ST-ZIP	Pompano Beach, FL 33068	
TITLE	T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lopez, Alberto	
STREET ADDRESS	6210 S.W. 18th Street	
CITY-ST-ZIP	Pompano Beach, FL 33068	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/24/06 (954) 9469995