


**2004 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 05, 2004 08:00 AM**  
**Secretary of State**

**DOCUMENT # P01000067486**  
 1. Entity Name  
**LANDI CORP.**



Principal Place of Business      Mailing Address  
**6882 SW 157TH CT**                      **6882 SW 157TH CT**  
**MIAMI, FL 33193**                          **MIAMI, FL 33193**

**DO NOT WRITE IN THIS SPACE**



05012004      No Chg-P      CR2E034 (10/03)

4. FEI Number <b>65-1120397</b>	Applied For Not Applicable
5. Certificate of Status Desired	<input checked="" type="checkbox"/> <b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
**OLIVARES-GONZALEZ, ORLANDO**  
**6882 SW 157TH CT**  
**MIAMI, FL 33193**

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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 *Orlando Olivares Gonzalez*      *[Signature]*      5/1/04  
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**  
**Due by September 8, 2004**

9. Election Campaign Financing Trust Fund Contribution.            **\$5.00** May Be Added to Fees

In accordance with s. 607.193(2)(b), F.S. the corporation did not receive the prior notice.  
 05/05/04-00072-009 158.75

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OLIVARES-GONZALES, ORLANDO 6882 SW 157TH CT MIAMI, FL 33193
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*      5/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #