

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90277 038 ***158.75

DOCUMENT # P01000103431

1. Entity Name
LA TECOL CORP.



Principal Place of Business
12555 ORANGE DRIVE
~~FORT LAUDERDALE, FL 33330~~

Mailing Address
12555 ORANGE DRIVE
~~FORT LAUDERDALE, FL 33330~~

94076863



2. Principal Place of Business
12555 ORANGE DR.
Suite, Apt. #, etc. 3-A

3. Mailing Address
12555 ORANGE DR.
Suite, Apt. #, etc. 3-A

04272004 Chg-P CR2E034 (10/03)

City & State
DAVIE FL
Zip 33330 Country USA

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DAVIE FL
Zip 33330 Country USA

4. FEI Number
65-1148378
Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~ZAMBRANO, CARLOS E~~
~~12885 S.W. 28TH CT.~~
~~MIRAMAR, FL 33027~~

7. Name and Address of New Registered Agent

Name LUIS VELASQUEZ
Street Address (P.O. Box Number is Not Acceptable)
12555 ORANGE DR. # 3-A
City DAVIE FL Zip Code 33330

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

10. OFFICERS AND DIRECTORS

TITLE D ☒ Delete
NAME ~~ZAMBRANO, CARLOS E~~
STREET ADDRESS ~~42555 ORANGE DRIVE, ST 255~~
CITY-ST-ZIP ~~DAVIE, FL 33380~~

TITLE D ☐ Delete
NAME ~~VELASQUEZ, LUIS~~
STREET ADDRESS ~~42555 ORANGE DRIVE ST 255~~
CITY-ST-ZIP ~~DAVIE, FL 33330~~

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME P/D VELASQUEZ LUIS
STREET ADDRESS 12555 ORANGE DRIVE, # 3-A
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/27/04 (954) 862-1759