


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90167 048 ***158.75

DOCUMENT # P01000103431 1. Entity Name LA TECOL CORP.			
Principal Place of Business 12555 ORANGE DRIVE #3-A DAVIE, FL 33330		Mailing Address 12555 ORANGE DRIVE #3-A DAVIE, FL 33330	
2. Principal Place of Business 10 CENTRAL PARKWAY Suite, Apt. #, etc. ST # 309		3. Mailing Address 10 CENTRAL PARKWAY Suite, Apt. #, etc. ST # 309	
City & State STUART, FL		City & State STUART, FL	
Zip 34994	Country EUA	Zip 34994	Country EUA
4. FEI Number 65-1148378		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent VELASQUEZ, LUIS 42666 ORANGE DRIVE #3-A DAVIE, FL 33330		7. Name and Address of New Registered Agent Name VELASQUEZ LUIS I Street Address (P.O. Box Number is Not Acceptable) 173 NW SWANN MILL CIRCLE City PORT ST LUCIE FL Zip Code 34986	
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 <u>LUIS VELASQUEZ</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VELASQUEZ, LUIS I 12555 ORANGE DRIVE #3-A DAVIE, FL 33330 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD IVAN VELASQUEZ 173 NW SWANN MILL CIRCLE, PORT ST LUCIE, FL 34986 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP MARCIA A. ROGLES 173 NW SWANN MILL CIRCLE, PORT ST LUCIE, FL 34986 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VI <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u>IVAN VELASQUEZ</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		04/25/05 786-412-2342 <small>Date Daytime Phone #</small>	