
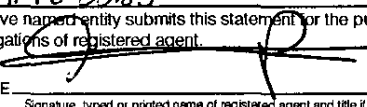
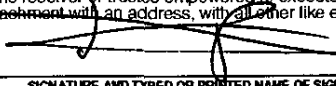


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 02, 2004 8:00 am**  
**Secretary of State**

02-02-2004 90025 001 \*\*\*150.00

<b>DOCUMENT # P02000014564</b> 1. Entity Name LA NOGI CORP.					
Principal Place of Business 6255 SOUTHWEST KENDALE LAKE CIRCLE APT B-224 MIAMI, FL 33183			Mailing Address 6255 SOUTHWEST KENDALE LAKE CIRCLE APT B-224 MIAMI, FL 33183		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 04-3597842	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PEREZ, ALMICAR 6255 SW KPUDALE LAKE CIRCLE B224 MIAMI, FL 33183 <i>correction: Perez, Amilear</i> <i>6255 SW Kendale Lakes Circle B224</i> <i>Miami FL 33183</i>				Name <i>Amilear Perez</i> Street Address (P.O. Box Number is Not Acceptable) <i>6255 SW Kendale Lakes Circle #B224</i> City <i>Miami</i> FL Zip Code <i>33183</i>	
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					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>			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	PSTD <input type="checkbox"/> Delete		TITLE	PSTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEREZ, AMILCAR		NAME	<i>Perez, Amilear</i>	
STREET ADDRESS	6255 SW KPUDALE LAKE CIRCLE B224 <i>correction</i>		STREET ADDRESS	<i>6255 SW Kendale Lakes Circle #B224</i>	
CITY-ST-ZIP	MIAMI, FL 33183		CITY-ST-ZIP	<i>Miami FL 33183</i>	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 			01/28/04 Date		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			786-252-9656 Daytime Phone #		