

2007 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 28, 2007 8:00 am
Secretary of State

03-28-2007 90020 020 ***150.00

DOCUMENT # P02000042701

1. Entity Name

LA LANGOSTA FRITA CORP.



Principal Place of Business

6505 SW 40 ST
MIAMI FL 33165

Mailing Address

6505 SW 40 ST
MIAMI FL 33165



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 03-0473391

Applied For
Not Applicable

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

1st MOORE CR2E034 (10/06)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DUARTE, FELIX
1833 S.W. 6 ST #3
MIAMI FL 33135

Name FELIX DUARTE

Street Address (P.O. Box Number is Not Acceptable)
2810 SW 20th STREET

City MIAMI

FL

Zip Code 33145

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 FELIX DUARTE, PRES x F. Duarte

3/13/07

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, 2007 Fee Will Be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

| | | |
|----------------|-------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> Delete |
| NAME | DUARTE, FELIX | |
| STREET ADDRESS | 1833 SW 6TH ST #3 | |
| CITY ST ZIP | MIAMI FL 33135 | |
| TITLE | SD | <input type="checkbox"/> Delete |
| NAME | DUARTE, LIBRADA | |
| STREET ADDRESS | 1833 SW 6TH ST #3 | |
| CITY ST ZIP | MIAMI FL 33135 | |
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| CITY ST ZIP | |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 any address, with all other like empowered.

SIGNATURE: x F. Duarte
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/13/07 x 662-6616
Date Daytime Phone #