

**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **P02000087427**

1. Entity Name
LARCAN CORPORATION



Principal Place of Business
2301 SW 129 AVENUE
MIRAMAR FL 33027

Mailing Address
2301 SW 129 AVENUE
MIRAMAR FL 33027

2. Principal Place of Business
13426 SW 30TH ST.
Suite, Apt. #, etc.
MIRAMAR, FL

3. Mailing Address
13426 SW 30TH ST.
Suite, Apt. #, etc.
MIRAMAR, FL

City & State

City & State

Zip
33027

Country

Zip
33027

Country

4. FEI Number

EIN 35-2178679

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

IMELDA, LARDIZABAL
2301 SW 129 AVENUE
MIRAMAR FL 33027

Name

(ADDRESS CHANGE ONLY)

Street Address (P.O. Box Number is Not Acceptable)

13426 SW 30TH ST.

City **MIRAMAR**

FL

Zip Code
33027

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, 2003 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

\$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	D LARDIZABAL, IMELDA 2301 SW 129 AVENUE MIRAMAR FL 33027	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	(ADDRESS CHANGE ONLY) 13426 SW 30TH ST. MIRAMAR FL 33027	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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.

Imelda Lardizabal
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED
Apr 30, 2003 8:00 am
Secretary of State**

04-30-2003 90148 006 ***158.75



ADDRESS CHANGE ONLY

CHECK HERE IF MAKING CHANGES

CF2E034 (10/02)

APRIL 20, 2003 (954) 499-8655

Daytime Phone #