2007 FOR PROFIT CORPORATION **ANNUAL REPORT**

DOCUMENT # P02000133787 1. Entity Name LA CONTRACTORS, INC.



FILED May 07, 2007 08:00 A Secretary of State

Principal Place of Business

Mailing Address

548 NW 45 DR

DELRAY BEACH, FL 33445

548 NW 45 DR

DELRAY BEACH, FL 33445



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4. FEI Number		Applied For
03-0503839		 Not Applicable
5. Certificate of Status Desired	\$8.7 Fee R	Additional pred

CR2E034 (11/05)

6. Name and Address of Current Registered Agent

JOHN A MAKRIS, CPA, PA 1903 S CONGRESS AVE STE 350 BOYNTON BEACH, FL 33426

SIGNATURE:

DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

No Chg-P

04252007

	e named entity submits this statement for the tions of registered agent.	ourpose of changing its	registered office or re	gistered agent, or both	n, in the State of Florida I am familiar with, and accept
BIGITATIONE 2	Signature, typud or printed name of registered ap int and title	applicable († OTE	Registered Agent signature	required when rejestating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2007 Fee will be \$550.00	9. Election Campaig Trust Fund Contr	· · ·	\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIRE	CTORS ·		•	
ISTLE NAME STREET ADDRESS CITY-ST-ZIP	PST MCCRAY, ANTHONY B 548 NW 45 DR DELRAY BEACH, FL 33445				U00000762805 05/29/07-80023-018 150.0(
TITLE NAME STREET ADDRESS CITY-ST-ZIP					US/23/87-80023-018 150.Q(
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TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
indicated of the cor	on this report or supplemental report is true:	and accurate and that m d to execute this report a	ny signature shall hav as required by Chapt	e the same legal effect	Florida Statutes. I further certify that the information as if made under oath; that I am an officer or director; and that my name appears in Block 10 or Block 11 if

ITED NAME OF SIGNING OFFICER OR DIRECTOR