2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 02, 2004 08:00 AM DOCUMENT # P03000001155 **Secretary of State** 1. Entity Name HACIENDA DE LAO, INC. Principal Place of Business Mailing Address % ALLEN D. STOLAR 21301 POWERLINE ROAD #306 % ALLEN D. STOLAR 21301 POWERLINE ROAD #306 BOCA RATON FL 33433-2391 **BOCA RATON FL 33433-2391** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt #, etc. MOORE CR2E034 (11/03) Applied For City & State 4. FEI Number City & State Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent STOLAR, ALLEN D Street Address (P.O. Box Number is Not Acceptable) 21301 POWERLINE ROAD #306 **BOCA RATON FL 33433-2391** City Zip Code 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 DATE (NOTE. Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 10. Change Addition ☐ Delete TITLE TITLE LAO, MARIO V NAME NAME STREET ADDRESS STREET ADDRESS URB. SANTA MARIA 506 CALLE FERROCARRIL tarangun23306 02.02/04-80043-018 158.75 City-St-7IP CITY ST-ZIP PONCE (PUERTO RICO) PR 00717-1106 Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME LAO SMITH, MARIO DEL CARM STREET ADDRESS URB. SANTA MARIA 506 CALLE FERROCARRIL STREET ADDRESS PONCE (PUERTO RICO) PR 00717-1106 CITY-ST-ZIP CITY - ST - ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME LAO, FLORENCIO STREET ADDRESS URB. SANTA MARIA 506 CALLE FERROCARRIL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP PONCE (PUERTO RICO) PR 00717-1106 Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE 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:

STOMATHINE AND TYPED OF DESIGNATION MANS CASE

Mario V. Lao

127/04 (561)487-899 Date Davime Prone #

FILED