2005 FOR PROFIT CORPORATION ANNUAL REPORT

4/29/2005-90189-003-$150.00-$150.00

FILED
05 JUL 18 PM 3:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P03000003293

1. Entity Name
L.A. JUNIOR CORPORATION

Principal Place of Business	Mailing Address
50 SW 10TH ST APT 1315 MIAMI, FL 33130	50 SW 10TH ST APT 1315 MIAMI, FL 33130

2. Principal Place of Business		3. Mailing Address	
8454 NW 8St		8454 NW 82st	
Suite, Apt. #, etc. Apt 11		Suite, Apt. #, etc. Apt 11	
City & State Miami FL		City & State Miami FL	
Zip 33126	Country USA	Zip 33126	Country USA

03292005 Chg-P CR2E034 (10/03)

4. FEI Number 59-3764765 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

PENA, LUIS
50 SW 10 STREET APT 1315
MIAMI, FL 33130

7. Name and Address of New Registered Agent

Name: Peña, Luis
Street Address (P.O. Box Number is Not Acceptable): 8454 NW 8 St Apt 11
City: Miami FL Zip Code 33126

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, 2005 Fee will be $550.00

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	DPS PENA, LUIS 50 SW 10 ST APT 1315 MIAMI, FL 33130	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS Peña, Luis 8454 NW 8 st Apt 11 Miami FL 33126	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT AGUILERA RODRIGUEZ, LUIS 50 SW 10 ST APT 1315 MIAMI, FL 33130	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP Osorio, Luis Fernando 1155 Brickell Bay Drive. Miami FL 33131	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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.

SIGNATURE: President 03/29/05 786-443-11-25
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #