

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019036

Entity Name: GRUPO LAAR CORP

FILED  
Aug 09, 2006  
Secretary of State

## Current Principal Place of Business:

499 E. PALMETTO PARK RD., STE. 207  
BOCA RATON, FL 33432

## New Principal Place of Business:

499 E. PALMETTO PARK ROAD  
SUITE 207  
BOCA RATON, FL 334325080 US

## Current Mailing Address:

499 E. PALMETTO PARK RD., STE. 207  
BOCA RATON, FL 33432

## New Mailing Address:

499 E. PALMETTO PARK ROAD  
SUITE 207  
BOCA RATON, FL 334325080 US

FEI Number: 16-1656325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ARTEAGA, MARCELO  
499 E. PALMETTO PARK RD., STE. 207  
BOCA RATON, FL 33432 US

## Name and Address of New Registered Agent:

MONIQUE TRONCONE, CPA P.A.  
55 N.E. 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334325500 US

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.

SIGNATURE: MONIQUE TRONCONE

08/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ARTEAGA, MARCELO  
Address: 16312 MIRAVISTA LANE  
City-St-Zip: DELRAY BEACH, FL 33446

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change ( ) Addition  
Name: ARTEAGA, MARCELO A  
Address: 16312 MIRAVISTA LANE  
City-St-Zip: DELRAY BEACH, FL 33446 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELO ARTEAGA

PD

08/09/2006

Electronic Signature of Signing Officer or Director

Date