

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P03000019036

FILED
Oct 10, 2007
Secretary of State**Entity Name:** GRUPO LAAR CORP**Current Principal Place of Business:**499 E. PALMETTO PARK ROAD
SUITE 207
BOCA RATON, FL 334325080 US**New Principal Place of Business:**4725 N.W. 72ND AVENUE
MIAMI, FL 33166 US**Current Mailing Address:**499 E. PALMETTO PARK ROAD
SUITE 207
BOCA RATON, FL 334325080 US**New Mailing Address:**55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334325500 US**FEI Number:** 16-1656325**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**MONIQUE TRONCONE, CPA P.A.
55 N.E. 5TH AVENUE
SUITE 501
BOCA RATON, FL 334325500 US**Name and Address of New Registered Agent:**

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:_____
Electronic Signature of Registered Agent_____
Date**OFFICERS AND DIRECTORS:****Title:** PD () Delete
Name: ARTEAGA, MARCELO A
Address: 16312 MIRAVISTA LANE
City-St-Zip: DELRAY BEACH, FL 33446 US**Title:** D () Delete
Name: VALENZUELA, JULIAN
Address: 3650 INVERRARY DR APT 3Z
City-St-Zip: LAUDERHILL, FL 33319**Title:** T () Delete
Name: TRONCONE, MONIQUE
Address: 201 NE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** D (X) Change () Addition
Name: VALENZUELA, JULIAN
Address: 3650 INVERRARY DR APT 3Z
City-St-Zip: LAUDERHILL, FL 33319 US**Title:** T (X) Change () Addition
Name: TRONCONE, MONIQUE
Address: 201 NE 5TH AVENUE
City-St-Zip: BOCA RATON, FL 33432 US**Title:** MGR () Change (X) Addition
Name: PAYAN CASANOVA, FEDERICO A
Address: 4725 N.W. 72ND AVENUE
City-St-Zip: MIAMI, FL 33166 US

I hereby certify that the information supplied with this filing does not qualify 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: MONIQUE TRONCONE

T

10/10/2007

Electronic Signature of Signing Officer or Director_____
Date