

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000019036

Entity Name: GRUPO LAAR CORP

FILED  
Jun 03, 2008  
Secretary of State

## Current Principal Place of Business:

4725 N.W. 72ND AVENUE  
MIAMI, FL 33166 US

## New Principal Place of Business:

55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432 US

## Current Mailing Address:

55 N.E. 5TH AVENUE  
SUITE 501  
BOCA RATON, FL 334325500 US

## New Mailing Address:

55 NE 5TH AVENUE  
501  
BOCA RATON, FL 33432 US

FEI Number: 16-1656325

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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

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

Title: D (X) Delete  
Name: VALENZUELA, JULIAN  
Address: 3650 INVERRARY DR APT 3Z  
City-St-Zip: LAUDERHILL, FL 33319 US

Title: T ( ) Delete  
Name: TRONCONE, MONIQUE  
Address: 201 NE 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432 US

Title: MGR (X) Delete  
Name: PAYAN CASANOVA, FEDERICO A  
Address: 4725 N.W. 72ND AVENUE  
City-St-Zip: MIAMI, FL 33166 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TR (X) Change ( ) Addition  
Name: TRONCONE, MONIQUE  
Address: 201 NE 5TH AVENUE  
City-St-Zip: BOCA RATON, FL 33432 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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

TR

06/03/2008

Electronic Signature of Signing Officer or Director

Date