

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 8:00 am**  
**Secretary of State**

03-21-2005 90092 035 \*\*\*150.00

DOCUMENT # P03000028867

1. Entity Name  
LLAGUNO CORPORATION



Principal Place of Business  
10000 SHERIDAN ST  
APT 210  
PEMBROKE PINES, FL 33024

Mailing Address  
10000 SHERIDAN ST  
APT 210  
PEMBROKE PINES, FL 33024

20022916



2. Principal Place of Business  
14100 SW 14th ST  
Suite, Apt. #, etc.

3. Mailing Address  
14100 SW 14th Street  
Suite, Apt. #, etc.

03162005 Chg-P CR2E034 (10/03)

City & State  
Davie FL

City & State  
Davie FL

4. FEI Number  
13-4242609

Applied For  
Not Applicable

Zip  
33325

Country

Zip  
33325

Country

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

## 6. Name and Address of Current Registered Agent

LLAGUNO, FRANK  
10000 SHERIDAN ST  
STE 210  
PEMBROKE PINES, FL 33024

## 7. Name and Address of New Registered Agent

Name Llaguno, Frank

Street Address (P.O. Box Number is Not Acceptable)

14100 SW 14th Street

City Davie

FL

Zip Code 33325

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

TITLE PTSD ☐ Delete  
NAME LLAGUNO, FRANK  
STREET ADDRESS 10000 SHERIDAN ST  
CITY-ST-ZIP PEMBROKE PINES, FL 33024

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PTSD ☒ Change ☐ Addition  
NAME Llaguno, Frank  
STREET ADDRESS 14100 SW 14th Street  
CITY-ST-ZIP DAVIE FL 33325

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #