

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 28, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000036909

1. Entity Name
16 LM CORPORATION



Principal Place of Business

**14055 S.W. 142 AVE.
STE 24
MIAMI, FL 33186**

Mailing Address

**14055 S.W. 142 AVE.
STE 24
MIAMI, FL 33186**

DO NOT WRITE IN THIS SPACE



01182005 No Chg-P CR2E034 (10/03)

4. FEI Number

41-2097472

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**RIERA, LUIS A
8377 SW 137 AVE
MIAMI, FL 33183**

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IN THIS SPACE**

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 renewing)

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	PD
NAME	LAYA, JESUS R
STREET ADDRESS	8377 SW 137 AVE
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	D
NAME	LAYAH, JULIO C
STREET ADDRESS	CARRETERA EL HATILLO ALTO HATILLO A11-3A
CITY-ST-ZIP	CARACAS 1051 VENEZUELA,
TITLE	M
NAME	RIERA, LUIS A
STREET ADDRESS	8377 SW 137 AVE.
CITY-ST-ZIP	MIAMI, FL 33183
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/28/05-80039-013 150.00

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IN THIS SPACE**

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

LUIS A. RIERA

03/24/05

Date

Daytime Phone #