


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2005 08:00 AM
Secretary of State

DOCUMENT # P03000049464

1. Entity Name
LA GUARDIA INVESTMENTS, INC.



Principal Place of Business 11830 SW 40 ST MIAMI, FL 33175	Mailing Address 11830 SW 40 ST MIAMI, FL 33175
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DO NOT WRITE IN THIS SPACE



01042005 No Chg-P CR2E034 (10/03)

4. FEI Number 06-1693650	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FOJO, MONICA
 11830 SW 40 ST
 MIAMI, FL 33175

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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 _____ (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 NAME STREET ADDRESS CITY-ST-ZIP	DS DE LA GUARDIA, PATRICIO 11830 SW 40 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP FOJO, MONICA 11830 SW 40 ST MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT VALDES, CARMEN 11830 SW 40 ST MIAMI, FL 33175
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100000283458
 04/01/05-80028-021 150.00

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: *Patricio de la Guardia* 3/30/05 305 226-5332
 SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #