


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000049464
1. Entity Name
LA GUARDIA INVESTMENTS, INC.



Principal Place of Business Mailing Address
11830 SW 40 ST **11830 SW 40 ST**
MIAMI, FL 33175 **MIAMI, FL 33175**

DO NOT WRITE IN THIS SPACE



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
08-1693650 Not Applicable

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

8. Name and Address of Current Registered Agent

FOJO, MONICA
11830 SW 40 ST
MIAMI, FL 33175

DO NOT WRITE 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 _____ (NOTE: Registered Agent signatures required when re-registering) DATE _____

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

1101110463472
03/21/06-80079-004 150.00

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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Monica Fojo 3/10/06

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #