


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 11830 SW 40 ST MIAMI, FL 33175	Mailing Address 11830 SW 40 ST MIAMI, FL 33175
---	---

DO NOT WRITE IN THIS SPACE



03092008 No Chg-P CR2E034 (11/05)

4. FEI Number 08-1693650	<input type="checkbox"/> Applied For <input type="checkbox"/> 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

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 signature required when reinstating) **DATE** _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	11830 SW 40 ST 03/21/06-80079-004 150.00
---	---	---

10. OFFICERS AND DIRECTORS

TITLE	DS
NAME	DE LA GUARDIA, PATRICIO
STREET ADDRESS	11830 SW 40 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	DP
NAME	FOJO, MONICA
STREET ADDRESS	11830 SW 40 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	DT
NAME	VALDES, CARMEN
STREET ADDRESS	11830 SW 40 ST
CITY-ST-ZIP	MIAMI, FL 33175
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE
IN THIS SPACE

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 #