

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2004 8:00 am
Secretary of State

05-04-2004 90193 026 ***150.00

DOCUMENT # P03000070309

1. Entity Name
LARY HOLDINGS, INC.



Principal Place of Business
~~6280 SUNSET DRIVE SUITE 411~~
~~MIAMI, FL 33143~~

Mailing Address
~~6280 SUNSET DRIVE SUITE 411~~
~~MIAMI, FL 33143~~

24068175

2. Principal Place of Business
10300 SUNSET DRIVE
Suite Apt. #, etc. 135

3. Mailing Address
10300 SUNSET DRIVE
Suite Apt. #, etc. 135

04072004 Chg-P CR2E034 (10/03)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number
56-2370090

Applied For
Not Applicable

Zip
33173 Country
USA

Zip
33173 Country
USA

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

6. Name and Address of Current Registered Agent

PERLIN, BRIAN C
201 ALHAMBRA CIRCLE SUITE 503
CORAL GABLES, FL 33143

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

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, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE **D** ☐ Delete
NAME **LARY, BANNING GRAY**
STREET ADDRESS ~~6280 SUNSET DRIVE SUITE 411~~
CITY-ST-ZIP ~~MIAMI, FL 33143~~

TITLE **D** ☐ Delete
NAME **LARY, KATHERINE T**
STREET ADDRESS ~~6280 SUNSET DRIVE SUITE 411~~
CITY-ST-ZIP ~~MIAMI, FL 33143~~

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 ☒ Change ☐ Addition
NAME
STREET ADDRESS **10300 SUNSET DRIVE, STE 135**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **10300 SUNSET DRIVE, STE 135**
CITY-ST-ZIP **MIAMI FL 33173**

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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: *Katherine T. Lary*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/22/04 **305-271-3774**
Date Daytime Phone #