## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

## Apr 27, 2005 08:00 AM Secretary of State **DOCUMENT # P03000070309** 1. Entity Name LARY HOLDINGS, INC. Principal Place of Business Mailing Address 10300 SUNSET DRIVE 10300 SUNSET DRIVE SUITE 135 SUITE 135 MIAMI, FL 33173 MIAMI, FL 33173 No Cha-P CR2E034 (10/03) 04212005 DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 56-2370090 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent PERLIN, BRIAN C DO NOT WRITE 201 ALHAMBRA CIRCLE SUITE 503 CORAL GABLES, FL 33143 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) Signature, typed or printed name of registered agent and title if applicable 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2005 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE LARY, BANNING GRAY NAME 10300 SUNSET DRIVE STE 135 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33173 TITLE LARY, KATHERINE T NAME U00000333705 04/27/05-80014-017 150.00 10300 SUNSET DRIVE STE 135 STREET ADDRESS MIAMI, FL 33173 CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY+ST-7IP IN THIS SPACE TITLE STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP

12. I hereby certify that the information supplied with this filling 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 curporation 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 HAVE OF SIGNING OFFICER OR DIRECTOR

TITLE NAME STREET ADDRESS CITY-ST-ZIP

305. 378, 1958

**FILED**