

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 08, 2004 8:00 am
Secretary of State

04-08-2004 90029 004 ***158.75

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1. Entity Name

LAGGO TECHNOLOGIES, INC.



Principal Place of Business

2000 TOWERSIDE TERR STE 405
MIAMI SHORES FL 33138

Mailing Address

2000 TOWERSIDE TERR STE 405
MIAMI SHORES FL 33138

94047406



MOORE

CR2E034 (11/03)

2. Principal Place of Business

6738 NW 72nd AVE

Suite, Apt. #, etc.

3. Mailing Address

6738 NW 72nd AVE

Suite, Apt. #, etc.

City & State

Miami, FL

Zip

33166

Country

USA

City & State

Miami, FL

Zip

33166

Country

USA

4. FEI Number

65-1203093

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HEIMES, AXEL
2000 TOWERSIDE TERR STE 405
MIAMI SHORES FL 33138

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PVT ☐ Delete
NAME OLIVEIRA, LINCOLN L
STREET ADDRESS 2000 TOWERSIDE TERR STE 405
CITY-ST-ZIP MIAMI SHORES FL 33138

TITLE S ☐ Delete
NAME HEIMES, AXEL
STREET ADDRESS 2000 TOWERSIDE TERR STE 405
CITY-ST-ZIP MIAMI SHORES FL 33138

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 PVT ☒ Change ☐ Addition
NAME OLIVEIRA, LINCOLN L
STREET ADDRESS 6738 NW 72nd AVE
CITY-ST-ZIP Miami, FL 33166

TITLE S ☒ Change ☐ Addition
NAME HEIMES, AXEL
STREET ADDRESS 6738 NW 72nd AVE
CITY-ST-ZIP Miami, FL 33166

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

Axel Heimes AXEL HEIMES
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

04/06/04 (305) 885-4686