
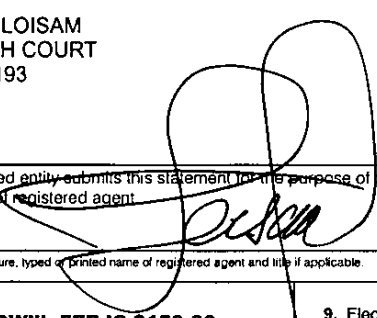
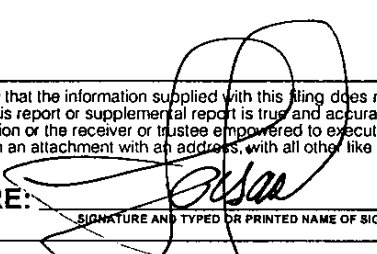


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 20, 2006 8:00 am**  
**Secretary of State**

01-20-2006 90028 009 \*\*\*150.00

<b>DOCUMENT # P03000109671</b> 1. Entity Name <b>LA &amp; ASSOCIATES, INC.</b>			
Principal Place of Business <b>15715 SOUTH DIXIE HWY. #212 MIAMI, FL 33157</b>		Mailing Address <b>15715 SOUTH DIXIE HWY. #212 MIAMI, FL 33157</b>	
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address <b>15342 SW 11 ST</b> Suite, Apt. #, etc.	
City & State <b>MIAMI FL</b>		4. FEI Number <b>20-0281656</b>	
Zip <b>33194</b>		Country <b>FL</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		Applied For Not Applicable	
6. Name and Address of Current Registered Agent <b>VILLANUEVA, LOISAM 8439 SW 157TH COURT MIAMI, FL 33193</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>15342 SW 11 ST</b> City <b>MIAMI</b>	
8. The above named entity admits 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  <b>LOISAM VILLANUEVA</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE <b>01/13/06</b>	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD <b>VILLANUEVA, LOISAM</b> <b>8439 SW 157TH COURT</b> <b>MIAMI, FL 33193</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>15342 SW 11 ST</b> <b>MIAMI FL 33194</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>DOMINGUEZ, JOSE G</b> <b>13217 S.W. 203 STREET</b> <b>MIAMI, FL 33177</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  <b>LOISAM VILLANUEVA-PRES</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date <b>01/13/06</b> (305) 234-0024 Daytime Phone #	