

**2007 FOR PROFIT CORPORATION
- ANNUAL REPORT**

FILED

1/2

**Apr 17, 2007 8:00 am
Secretary of State**

01-23-2007 90041 048 ***158.75

04-17-2007 90245 036 ***188.75

DOCUMENT # P04000019906

1. Entity Name

ALTAGRACIA LANGUASCO, INC.



Principal Place of Business

**2597 35TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

Mailing Address

**2597 35TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

DO NOT WRITE IN THIS SPACE



01082007 No Chg-P CR2E034 (11/05)

4. FEI Number
20-1168771

Applied For
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**BRUCE G. KAUFMANN, J.D., P.A.
8463 PARK BOULEVARD
SEMINOLE, FL 33777**

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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

Altagracia Languasco *Altagracia Languasco* *4/12/07*

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

(NOTE: Registered Agent signature required when retreating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PSTD,
LANGUASCO, ALTAGRACIA
2597 35TH AVENUE NORTH
ST. PETERSBURG, FL 33713**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Altagracia Languasco *Altagracia Languasco* *4/12/07*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #