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2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

08 JUL 28 PM 12:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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



07102008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

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

**DO NOT WRITE
IN THIS SPACE**

5/12/08 90031 033 150.00

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
Due by September 12, 2008**

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

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

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
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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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

7/21/08

7/29/08

2 of 2.


✓
LCP BOOKKEEPING
2548 30 AVE N
ST. PETERSBURG, FL 33713
PHONE: (727) 895-9589
Fax: (727) 895-9627
Cell: (727) 743-7107

July 21, 2008

To Whom It May Concern:

Thank you for explaining the notice of intent to dissolve postcard received by my client. She paid the annual fee of \$150.00 on April 25, 2008 but failed to sign the form. The form should have been sent back to her for signature but was not. Per your phone responder instructions, I down loaded an annual report from your website and am having Ms Languasco sign the form before we mail it to you. She has already paid the fee with check number 1431 from her corporate bank account and it shows as being cashed on her May bank statement. The document number is P04000019906 and it is for Altagracia Languasco Inc. Hopefully, this will clear up the 2008 Annual report for her corporation and the State.

Sincerely,


Loren C Price, E.A.
LCP Bookkeeping