

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 29, 2006 8:00 am
Secretary of State

03-20-2006 90017 044 ***150.00

DOCUMENT # P04000062368					
1. Entity Name INVERSIONES LARA INC.					
Principal Place of Business 233 E. BETANY BRANCH WAY JACKSONVILLE, FL 32259			Mailing Address 233 E. BETANY BRANCH WAY JACKSONVILLE, FL 32259		
2. Principal Place of Business 233 E. Betony Branch Way Suite, Apt. #, etc.			3. Mailing Address 233 E. Betony Branch Way Suite, Apt. #, etc.		
City & State Jacksonville, FL		City & State Jacksonville, FL		4. FEI Number 20-1012141	
Zip 32259	Country USA	Zip 32259	Country USA	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LARA, JAIME A 233 E. BETANY BRANCH WAY JACKSONVILLE, FL 32259				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 of, typed or printed name of registered agent and this is applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD LARA, JAIME 233 E. BETANY BRANCH WAY JACKSONVILLE, FL 32259	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S LARA, CLAUDIA 233 E. BETANY BRANCH WAY JACKSONVILLE, FL 32259	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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 power like empowered.					
SIGNATURE: <u>Jaime A Lara (president)</u> 03/24/06 (904) 2309324					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

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