

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000088838

FILED
Jan 04, 2007
Secretary of State

Entity Name: L.A. ENTERPRISES OF TAMPA BAY, INC.

Current Principal Place of Business:

9347 9TH ST. NORTH
ST. PETERSBURG, FL 33702

New Principal Place of Business:

Current Mailing Address:

9347 9TH ST. NORTH
ST. PETERSBURG, FL 33702

New Mailing Address:

FEI Number: 14-1910085

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LOUIS BAKKALAPULO P.A.
111 N. BELCHER RD., SUITE 201
CLEARWATER, FL 33765 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DPST () Delete
Name: ALESSI, LOUIS
Address: 9347 9TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

Title: VP () Delete
Name: ALESSI, LOUIS
Address: 9347 9TH ST. NORTH
City-St-Zip: ST. PETERSBURG, FL 33702

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LOUIS C. ALESSI

PRES

01/04/2007

Electronic Signature of Signing Officer or Director

Date