

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2005 8:00 am
Secretary of State

04-12-2005 90149 044 ***158.75

20029504



DOCUMENT # P04000090268 1. Entity Name THE HOUSE OF LARA CORP																																					
Principal Place of Business 420 TAMiami CANAL RD. MIAMI, FL 33144			Mailing Address 420 TAMiami CANAL RD. MIAMI, FL 33144																																		
2. Principal Place of Business 10001 W. Flagler St.		3. Mailing Address Suite, Apt. #, etc. Lot N1412																																			
City & State Miami, Florida		City & State _____		4. FEI Number 20-1232820																																	
Zip 33174-1881		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required																																	
6. Name and Address of Current Registered Agent LARA, CARLOS 420 TAMiami CANAL RD. MIAMI, FL 33144			7. Name and Address of New Registered Agent Name _____ Street Address (P.O. Box Number is Not Acceptable) 10001 W. Flagler St., Lot N1412 City Miami FL Zip Code 33174-1881																																		
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 _____ <small>(Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating))</small>				DATE March 31, 2005																																	
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																		
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE PD NAME LARA, CARLOS STREET ADDRESS 420 TAMiami CANAL RD. CITY-ST-ZIP MIAMI, FL 33144 </td> <td style="width: 50%; padding: 2px;"> <input type="checkbox"/> Delete </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE PD NAME LARA, CARLOS STREET ADDRESS 420 TAMiami CANAL RD. CITY-ST-ZIP MIAMI, FL 33144	<input type="checkbox"/> Delete															11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;"> TITLE NAME STREET ADDRESS CITY-ST-ZIP </td> <td style="width: 50%; padding: 2px;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10001 W. Flagler St., Lot N1412 Miami, Fl. 33174-1881 </td> </tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> <tr><td> </td><td> </td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 10001 W. Flagler St., Lot N1412 Miami, Fl. 33174-1881														
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: <i>Carlos C. Lara</i> Carlos C. Lara, President				Date March 31, 2005																																	
Daytime Phone #				786-229-1045																																	