## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## **FILED** Mar 17, 2006 08:00 AM Secretary of State

DOCUMENT	# P04000090268
1. Entity Name	

THE HOUSE OF LARA CORP



Principal Place of Business

10001 W FLAGLER ST

LOT N1412 MIAMI, FL 33174-1881

Mailing Address

420 TAMIAMI CANAL RD.

MIAMI, FL 33144



03112006 DO NOT WRITE IN THIS SPACE

4. FEI Number

CR2E034 (11/05)

20-1232820

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

5. Name and Address of Current Registered Agent

LARA, CARLOS 10001 W FLAGLER ST, LOT N1412 MIAMI, FL 33174-1881

## DO NOT WRITE IN THIS SPACE

No Chg-P

				,14	ITHO OF ACE
	a named entity submits this statement for the p tions of registered agent.	urpose of changing its register	ed affice or o	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.		CHIEF CONTROL			
	Signature, typed or printed name of registered agent and title in	rapplicable. (NOTE, Registere	a Agent signatura	required when reinstating)	DATE
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	<ol> <li>Election Campaign Finar Trust Fund Contribution.</li> </ol>	icing	\$5.00 May Be Added to Fees	U00000472321 03/29/06-80032-010 158.75
10.	OFFICERS AND DIREC	TORS }	1		<u> </u>
TITLE	PD		1		
NAME	LARA, CARLOS		•		
STREET ADDRESS	10001 W FLAGLER ST, LOT N1412		Į		
CITY-ST-ZIP	MIAMI, FL 331741881		1		
TITLE			1		
NAME	}				
STREET ADDRESS			ł		
CITY-ST-ZIP	}		š		

## DO NOT WRITE IN THIS SPACE

CITY-S1-272 12. Thereby certify that the information supplied with this filling 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 path; 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 emplowered.

SIGNATURE:

TISLE NAME STREET ADDRESS

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS CITY-ST-ZIP

NAME STREET ADDRESS

CITY-ST-ZIP TITLE

03/11/2006

Daving Phone #