

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 24, 2006 08:00 AM  
Secretary of State**

**DOCUMENT # P04000111604**

1. Entity Name

LARIA OFFICE MAINTENANCE, INC.



Principal Place of Business

9001 SW 77 AVE  
SUITE C 109  
MIAMI, FL 33156

Mailing Address

9001 SW 77 AVE  
SUITE C 109  
MIAMI, FL 33156

**DO NOT WRITE IN THIS SPACE**



04112006

No Chg-P

CR2E034 (11/05)

4. FEI Number

14-1912764

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

LARIA, JOSE L  
9001 SW 77 AVE  
APT C109  
MIAMI, FL 33156

**DO NOT WRITE  
IN THIS SPACE**

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  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

11111111533811  
05/06/06-80137-024 158.75

10. OFFICERS AND DIRECTORS

TITLE PS  
NAME LARIA, JOSE L  
STREET ADDRESS 9001 SW 77 AVE, APT C109  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D  
NAME LARIA, JOSE L  
STREET ADDRESS 9001 SW 77 AVE, APT C109  
CITY-ST-ZIP MIAMI, FL 33156

TITLE VP,T  
NAME PEREZ, MARTHA  
STREET ADDRESS 9001 SW 77 AVE, APT C109  
CITY-ST-ZIP MIAMI, FL 33156

TITLE D  
NAME PEREZ, MARTHA  
STREET ADDRESS 9001 SW 77 AVE, APT C109  
CITY-ST-ZIP MIAMI, FL 33156

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
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: JOSE L LARIA**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/20/06

Date

305 630 3681

Daytime Phone #