

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 23, 2005 8:00 am
Secretary of State

05-23-2005 90007 039 ***150.00

DOCUMENT # P04000128787													
1. Entity Name LARSA EXPRESS SERVICES, INC.													
Principal Place of Business 16460 SW 145 CT MIAMI, FL 33177			Mailing Address 16460 SW 145 CT MIAMI, FL 33177										
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.										
City & State			City & State										
Zip		Country		Zip									
Country		Country		4. FEI Number 51-0523614									
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable									
6. Name and Address of Current Registered Agent ESMERALDA LARGAESPAD A 16460 SW 145 CT MIAMI, FL 33177				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, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reappointing)													
FILE NOW! FEE IS \$150.00 After May 1, 2006 Fee will be \$800.00			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										
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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:			04-29-05										
DATE, TIME AND TYPE OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR													