

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90523 044 \*\*\*150.00

<b>DOCUMENT # P04000168494</b> 1. Entity Name <b>LAGUNA STADIUM RESTAURANT, CORP.</b>																																			
Principal Place of Business <b>2500 NW 10 AVENUE #8A MIAMI, FL 33127</b>		Mailing Address <b>2500 NW 10 AVENUE #8A MIAMI, FL 33127</b>																																	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address <b>REYES PROF. SERV. INC.</b> <b>4545 N.W. 7th ST. (SUITE 12)</b> <b>MIAMI, FLORIDA 33126</b> <b>PH: (305) 442-1458/50</b> <b>Cell: (305) 480-7872</b>																																	
4. FFI Number <b>20-2057643</b>		Applied For <input type="checkbox"/> Not Applicable																																	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>																																	
6. Name and Address of Current Registered Agent <b>LAGUNA, FLORIBERTO</b> <b>2500 NW 10 AVENUE #8A</b> <b>MIAMI, FL 33127</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ (NOTE: Registered Agent signature required when reinstating)      DATE _____																																			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>																																	
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <b>PVST</b>  <b>LAGUNA, FLORIBERTO</b>  <b>2500 NW 10 AVENUE #8A</b>  <b>MIAMI, FL 33127</b> </td> </tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Delete <input type="checkbox"/></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PVST</b> <b>LAGUNA, FLORIBERTO</b> <b>2500 NW 10 AVENUE #8A</b> <b>MIAMI, FL 33127</b>	Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		Delete <input type="checkbox"/>		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 30%;">TITLE NAME STREET ADDRESS CITY - ST - ZIP</td> <td style="width: 70%;"> <input type="checkbox"/> Change    <input type="checkbox"/> Addition       </td> </tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> <tr><td colspan="2" style="text-align: center;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td></tr> </table>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>		Change <input type="checkbox"/> Addition <input type="checkbox"/>	
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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>Flaminio Laguna</i>		Date: <b>04/25/05</b> Daytime Phone #: <b>(305) 442 1458</b>																																	