


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2006 8:00 am
Secretary of State

04-20-2006 90177 002 ***150.00

DOCUMENT # P04000168561

1. Entity Name
LAUDCEP ENTERPRISES, INC.



Principal Place of Business
**2525 SW 107TH COURT
 MIAMI, FL 33165**

Mailing Address
**2525 SW 107TH COURT
 MIAMI, FL 33165**

2. Principal Place of Business
15650 SW 80th St

3. Mailing Address
15650 SW 80th St

Suite, Apt. #, etc.
205

Suite, Apt. #, etc.
205

City & State
MIAMI, FL.

City & State
MIAMI, FL.

Zip
33193

Country
USA

Zip
33193

Country

4000000



04052006 Chg-P CR2E034 (11/05)

4. FEI Number
20-2095838

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MARTINEZ, LAUDELINA
 3640 SW 19TH STREET
 MIAMI, FL 33145**

7. Name and Address of New Registered Agent

Name **CECILIA I PARRA**

Street Address (P.O. Box Number is Not Acceptable)
15650 SW 80th St #205

MIAMI, FL.

City **MIAMI** FL Zip Code **33193**

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]* DATE **04/05/06**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, LAUDELINA 3640 SW 19TH STREET MIAMI, FL 33145	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV PARRA, CECILIA 2525 SW 107TH COURT MIAMI, FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DST URRIOLA, DANIEL E 2525 SW 107TH COURT MIAMI, FL 33165	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MARTINEZ LAUDELINA 3640 SW 19th St - SECRETARY MIAMI, FL. 33145	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PARRA Cecilia 15650 SW 80th St #205 - President MIAMI, FL. 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	URRIOLA Daniel E 15650 SW 80th St #205 - President & TREASURER. MIAMI, FL. 33193	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* DATE **04/05/06** DAYTIME PHONE # **786-8539912**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR