

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P05000022021

1. Entity Name
LANDA INVESTMENT AND DEVELOPMENT, INC.



FILED
06 JUL 31 PM 12:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
815 CREMONA AVENUE
CORAL GABLES, FL 33146

Mailing Address
815 CREMONA AVENUE
CORAL GABLES, FL 33146



2. Principal Place of Business
176 NE 46 ST

3. Mailing Address
176 NE 46 ST

07282006 Chg-P CR2E034 (11/05)

City & State
MIAMI FL

City & State
MIAMI FL

4. FEI Number ☒ Applied For
Not Applicable

Zip 33137 Country USA

Zip 33137 Country USA

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LANDA, ALEJANDRO
815 CREMONA AVENUE
CORAL GABLES, FL 33146

address Change
Only

Name
Street Address (P.O. Box Number is Not Acceptable)
176 NE 46 ST
City MIAMI FL Zip Code 33137

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 DATE

FILE NOW!!! FEE IS \$150.00
Due by September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE D ☐ Delete
NAME LANDA, ALEJANDRO
STREET ADDRESS 815 CREMONA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

address Change
Only

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 176 NE 46 ST
CITY-ST-ZIP MIAMI FL 33137

TITLE D ☒ Delete
NAME LANDA, JIMMY
STREET ADDRESS 815 CREMONA AVENUE
CITY-ST-ZIP CORAL GABLES, FL 33146

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS 800078281088
CITY-ST-ZIP 08/02/06--01062--013 **150.00

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: DATE Daytime Phone #