

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

May 05, 2008 08:00 AM
Secretary of State

DOCUMENT # P05000094509

1. Entity Name
LA BRESA PROPERTY MANAGEMENT INC.



Principal Place of Business
12945 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903

Mailing Address
12945 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903



05012008 No Chg-P CR2E034 (11/05)

4. FEI Number
11-3753719

Applied For
Not Applicable

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

GALINDO, LAURETTA ALANA
12945 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903

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 renewing)

DATE
000000947221

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

06/02/08-80008-002 158.75

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P
GALINDO, LAURETTA ALANA
12945 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VP
GALINDO, JOSE ORLANDO
12945 TURTLE COVE TRAIL
NORTH FORT MYERS, FL 33903

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

435-246-5574
5/1/08 235995-0741
Daytime Phone #