

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 07, 2008 8:00 am
Secretary of State

03-07-2008 90029 045 ***150.00

DOCUMENT # P05000128983 1. Entity Name LADR, INC.					
Principal Place of Business 1305 SW 15TH TER CAPE CORAL, FL 33991			Mailing Address 1305 SW 15TH TER CAPE CORAL, FL 33991		
2. Principal Place of Business - No P.O. Box # 4002 NW 22nd TER Suite, Apt. #, etc.		3. Mailing Address 4002 NW 22nd TER Suite, Apt. #, etc.			
City & State CAPE CORAL FL Zip 33993		City & State CAPE CORAL FL Zip 33993		4. FEI Number 20-3540953 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				03032008 Chg-P CR2E034 (12/06)	
6. Name and Address of Current Registered Agent AGUIAR, LORENZO 1305 SW 15TH TER CAPE CORAL, FL 33991			7. Name and Address of New Registered Agent Name AGUIAR, LORENZO Street Address (P.O. Box Number is Not Acceptable) 4002 NW 22nd TER City CAPE CORAL FL Zip Code 33993		
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: PRESIDENT 03/03/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP AGUIAR, LORENZO 1305 SW 15TH TER CAPE CORAL, FL 33991	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P AGUIAR, LORENZO 4002 NW 22nd TER CAPE CORAL, FL 33993	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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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:			03/03/08 (239) 425-7567		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		