

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Sep 02, 2008 8:00 am
Secretary of State

09-02-2008 90033 007 ***150.00

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1. Entity Name
LAFARH CONSTRUCTION, INC.



Principal Place of Business
21346 GLADIS AVENUE
PORT CHARLOTTE, FL 33952 US

Mailing Address
21346 GLADIS AVENUE
PORT CHARLOTTE, FL 33952 US

40114970



DO NOT WRITE IN THIS SPACE

08282008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5550090

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

GARZA, LUIS L
21346 GLADIS AVENUE
PORT CHARLOTTE, FL 33952

**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 of person named as registered agent and who is available

(DO NOT SIGN IF REGISTERED AGENT IS AN EMPLOYEE OF THE CORPORATION)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 12, 2008**

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

TITLE	P
NAME	GARZA, LUIS L
STREET ADDRESS	21346 GLADIS AVENUE
CITY ST ZIP	PORT CHARLOTTE, FL 33952
TITLE	VP
NAME	GARZA, LUIS E
STREET ADDRESS	21346 GLADIS AVENUE
CITY ST ZIP	PORT CHARLOTTE, FL 33952
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:

Luis Garza

LUIS GARZA

08/27/08

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #