


2008 FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000120912 1. Entity Name LA RUSA, CORP.	
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Principal Place of Business 2400 BRICKELL AVENUE #305 MIAMI, FL 33129	Mailing Address 2400 BRICKELL AVENUE #305 MIAMI, FL 33129
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent MASLOVA, ELENA 2400 BRICKELL AVENUE #305 MIAMI, FL 33129
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FILED
Aug 18, 2008 08:00 AM
Secretary of State



08122008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5578527	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

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

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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.
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MASLOVA, ELENA 2400 BRICKELL AVENUE #305 MIAMI, FL 33129
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<p>U00000957809 08/18/08-80003-011 550.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
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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: Elena Maslova 8/12/08 (954)655-4562
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #