


# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2007 8:00 am**  
**Secretary of State**

05-02-2007 90101 037 \*\*\*150.00

<b>DOCUMENT # P06000149002</b>	
1. Entity Name <b>LLADO, INC.</b>	

Principal Place of Business <b>3461 20TH AVE., N.E. NAPLES, FL 34120</b>	Mailing Address <b>3461 20TH AVE., N.E. NAPLES, FL 34120</b>
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2. Principal Place of Business - No P.O. Box # <b>3461-20TH AVE N.E.</b>	3. Mailing Address <b>3461-20TH AVE N.E.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>NAPLES, FLORIDA</b>	City & State <b>NAPLES, FLORIDA</b>
Zip <b>34120</b>	Zip <b>34120</b>
Country <b>COLLEER</b>	Country <b>COLLEER</b>

**40101200**

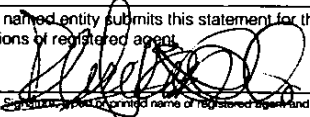


02052007 Chg-P CR2E034 (12/06)

4. FEI Number <b>11-3797940</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent <b>LLADO, MIRYAM 3461 20TH AVE., N.E. NAPLES, FL 34120</b>
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7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

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 	<b>MIRYAM LLADO PRESIDENT 4/28/07</b> DATE

<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007. Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PST LLADO, MIRYAM 3461 20TH AVE., NE NAPLES, FL 34120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP LLADO, MIRYAM 3461 20TH AVE., NE NAPLES, FL 34120</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 	<b>MIRYAM LLADO 4/28/07 (239) 353-0473</b> Date Daytime Phone #