## 2009 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P08000037947

Entity Name: LFA DIAS SERVICES, CORP.

FILED May 01, 2009 Secretary of State

285 NE 115 ST. 285 NE 115 STREET MIAMI, FL 33161 MIAMI, FL 33161

Current Mailing Address: New Mailing Address:

 285 NE 115 ST.
 285 NE 115 STREET

 MIAMI, FL 33161
 MIAMI, FL 33161

FEI Number: FEI Number Applied For ( ) FEI Number Not Applicable (X) Certificate of Status Desired ( )

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

 DIAS, PEDRO A.
 285 NE 115 ST.
 285 NE 115 STREET

 MIAMI, FL 33161
 US
 MIAMI, FL 33161
 US

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.

SIGNATURE: 05/01/2009

Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ).

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P ( ) Delete Title: P (X) Change ( ) Addition

 Name:
 DIAS, PEDRO A.
 Name:
 DIAS, PEDRO A.

 Address:
 285 NE 115 ST.
 Address:
 285 NE 115 STREET

 City-St-Zip:
 MIAMI, FL 33161
 City-St-Zip:
 MIAMI, FL 33161

Title: VΡ Title: VΡ (X) Change ( ) Addition () Delete REVILLA, FABRICIA Name: REVILLA, FABRICIA Name: 285 NE 115 ST. Address: 285 NE 115 STREET Address: MIAMI, FL 33161 MIAMI, FL 33161 City-St-Zip: City-St-Zip:

Title: D (X) Delete Title: ( ) Change ( ) Addition

 Name:
 TORO, BAUDILIO
 Name:

 Address:
 534 NW 94TH ST
 Address:

 City-St-Zip:
 MIAMI SHORES, FL 33150
 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FABRICIA REVILLA VP 05/01/2009