

# **2011 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P09000068883

**FILED**  
**May 25, 2011**  
**Secretary of State**

**Entity Name:** LA POLDA CORP.

**Current Principal Place of Business:**

4019 NW 87 AVE  
4019 BUILDING 15  
SUNRISE, FL 33351

**New Principal Place of Business:**

**Current Mailing Address:**

18181 NE 31 CT  
1406  
AVENTURA, FL 33160

**New Mailing Address:**

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

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

SHLAIN, CESAR  
18181 NE 31 CT  
1406  
AVENTURA, FL 33160 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D  
Name: MONTIRONI, CARLA  
Address: 18181 NE 31 CT 1406  
City-St-Zip: AVENTURA, FL 33160

Title: D  
Name: MONTIRONI, LAURA  
Address: 18181 NE 31 CT 1406  
City-St-Zip: AVENTURA, FL 33160

Title: D  
Name: MONTIRONI, MATEO  
Address: 18181 NE 31 CT 1406  
City-St-Zip: AVENTURA, FL 33160

I hereby 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 all other like empowered.

SIGNATURE: CARLA MONTIRONI

D

05/25/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date