


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2005 08:00 AM
Secretary of State

DOCUMENT # P95000086065	
1. Entity Name LAO & SON ASSOCIATES, INC.	

Principal Place of Business 15520 S.W. 209 AVENUE MIAMI, FL 33187	Mailing Address 15520 S.W. 209 AVENUE MIAMI, FL 33187
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DO NOT WRITE IN THIS SPACE



05022005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0680909	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent AQUILERA, WENCESLAO 15520 S.W. 209TH AVE. MIAMI, FL 33187

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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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FILE NOW!!! FEE IS \$550.00 Due by September 7, 2005	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AQUILERA, WENCESLAO 15520 S.W. 209TH AVENUE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AQUILERA, WENCESLAO SR 15520 S.W. 209TH AVENUE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD AQUILERA, WENCESLAO 15520 S.W. 209TH AVENUE MIAMI, FL 33187
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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05/05/05-80128-006 150.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 <u>Wenceslao Aquilera</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	4/30/05 305 8874101 <small>Date Daytime Phone #</small>
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