


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90370 041 ***150.00

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|---|---|
| DOCUMENT # P96000099236 |  |
| 1. Entity Name LAMINAISON, INC. | |

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|---|---|
| Principal Place of Business 6405 N.W. 36 ST., #202 MIAMI, FL 33166 US | Mailing Address 6405 N.W. 36 ST., #202 MIAMI, FL 33166 US |
|---|---|

44042260

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|--|--|
| 2. Principal Place of Business 5805 Blue Lagoon Dr Suite, Apt. #, etc. 410 | 3. Mailing Address 5805 Blue Lagoon Dr Suite, Apt. #, etc. 410 |
| City & State Miami Fl | City & State Miami Fl |
| Zip 33126 | Country Miami Dade |



04052004 Chg-P CR2E034 (10/03)

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|---|--|
| 6. Name and Address of Current Registered Agent CAHEJO, LUIS 4898 N.W. 7 ST. MIAMI, FL 33126 | |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P GUASCH, SUZANNE 540 BRICKELL KEY DR., APT. 1224 MIAMI, FL 33131 <input type="checkbox"/> Delete | 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"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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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: *Suzanne Guasch*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/04 305-979-6664

Date Daytime Phone #