2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P97000035946

1. Entity Name
LABRADA'S CORPORATION

Principal Place of Business	Mailing Address
19491 SW 216 ST MIAMI, FL 33170	19491 SW 216 ST MIAMI, FL 33170

DO NOT WRITE IN THIS SPACE

04282004   No Chg-P   CR2E034 (10/03)

4. FEI Number		Applied For
65-0748865		Not Applicable

5. Certificate of Status Desired ☐   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HUGO, VICTOR
30511 SW 149TH AVENUE
LEISURE CITY, FL 33033

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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 _____

Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   04/28/04   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	
TITLE	PD	
NAME	LABRADA, ANTONIO	
STREET ADDRESS	19491 SW 216 ST	
CITY-ST-ZIP	MIAMI, FL 33170	
TITLE	VSD	
NAME	LABRADA, VIRGINIA	
STREET ADDRESS	19491 SW 216 ST	
CITY-ST-ZIP	MIAMI, FL 33170	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

DO NOT WRITE 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: _____   4-28-2004

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #