

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2008 8:00 am**  
**Secretary of State**

04-24-2008 90113 019 \*\*\*150.00

**DOCUMENT # P97000036984**

1. Entity Name  
LARA HOLDINGS, INC.



Principal Place of Business  
9995 GATE PARKWAY NORTH, SUITE 400  
SUITE 400  
JACKSONVILLE, FL 32246

Mailing Address  
9995 GATE PARKWAY NORTH, SUITE 400  
SUITE 400  
JACKSONVILLE, FL 32246

**DO NOT WRITE IN THIS SPACE**



02252008 No Chg-P CR2E034 (11/05)

4. FEI Number  
59-3442856

Applied For  
Not Applicable

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

**6. Name and Address of Current Registered Agent**

FOSTER, DENNIS A  
9995 GATE PARKWAY NORTH, SUITE 400  
JACKSONVILLE, FL 32246

**DO NOT WRITE  
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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE P  
NAME FRENKEL, RAISSA  
STREET ADDRESS 9995 GATE PARKWAY STE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE T  
NAME SISSELMAN, STEVEN M  
STREET ADDRESS 9995 GATE PARKWAY STE 400  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE S  
NAME FOSTER, DENNIS A  
STREET ADDRESS 9995 GATE PARKWAY N #400  
CITY-ST-ZIP JACKSONVILLE, FL 32246

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:**

*Dennis A. Foster*  
Dennis A. Foster

2/27/08

Date

904-996-8800

Daytime Phone