


**2003 FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State
04-24-2003 90195 039 ***150.00

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DOCUMENT # P97000041523

1. Entity Name
LARGAY HOLDING CORP.



Principal Place of Business
**9401 NW 106TH ST
STE 101
MEDLEY FL 33178
US**

Mailing Address
**9401 NW 106TH ST
STE 101
MEDLEY FL 33178
US**

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number **65-0759080**

Applied For
 Not Applicable

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



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**BARNETT ROBINSON, JR., P.A.
2255 GLADES ROAD
SUITE 319 ATRIUM
BOCA RATON FL 33431**

7. Name and Address of New Registered Agent

Name
BARNETT ROBINSON, JR. P.A.

Street Address (P.O. Box Number is Not Acceptable)
**120 E. PALMETTO PARK RD.
SUITE 150**

City **BOCA RATON, FL** Zip Code **33432**

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]* DATE **1/30/03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating.)

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> Delete
NAME	LARGAY, CHARLES E	
STREET ADDRESS	9401 NW 106TH ST STE 101	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	ST	<input type="checkbox"/> Delete
NAME	LARGAY, CHARLES E JR	
STREET ADDRESS	9401 NW 106TH ST STE 101	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE	AS	<input type="checkbox"/> Delete
NAME	KNOWLES, JANET	
STREET ADDRESS	9401 NW 106TH ST STE 101	
CITY-ST-ZIP	MEDLEY FL 33178	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *[Signature]* DATE **4/21/03** DAYTIME PHONE # **305-885-2458**

SIGNATURE AND TITLE OF REGISTERED AGENT OR SECRETARY

CR2E034 (10/02)