

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 14, 2004 8:00 am
Secretary of State

04-21-2004 90036 033 ***150.00

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02052004 Chg-P CR2E034 (10/03)

DOCUMENT # P97000097469			
1. Entity Name L.A.M. OF SOUTH FLORIDA, INC.			
Principal Place of Business 1745 SANS SOUCI BLVD #302 NORTH MIAMI, FL 33181		Mailing Address 1745 SANS SOUCI BLVD #302 NORTH MIAMI, FL 33181	
2. Principal Place of Business L.A.M. 1745 SANS SOUCI BLVD		3. Mailing Address 1745 SANS SOUCI BLVD	
Suite, Apt. #, etc. 302		Suite, Apt. #, etc.	
City & State N MIAMI		City & State	
Zip 33181	Country FL	Zip	Country

4. FEI Number 65-0796041	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent MANOSALVA, LUIS A 1745 SANS SOUCI BLVD, #302 NORTH MIAMI, FL 33181		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ DATE _____
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, 2004 Fee will be \$550.00	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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MANOSALVA, LOUIS ALBERTO 1745 SANS SOUCI BLVD, #302 NORTH MIAMI, FL 33181 <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	DV AYALA, AURORA 1745 SANS SOUCI BLVD, #302 NORTH MIAMI, FL 33181 <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	DV GUTIERREZ, LUIS H 1745 SANS SOUCI BLVD., #302 NORTH MIAMI, FL 33181 <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
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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: Luis Manosalva Date: 05-10-04 Daytime Phone #: 305 892 8946