

# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED

04 AUG 25 PM 12:55

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P97000099162

1. Entity Name  
LAREDO, INC.



Principal Place of Business  
8984-8986 TAFT ST.  
PEMBROKE PINES, FL 33026

Mailing Address  
8984-8986 TAFT ST.  
PEMBROKE PINES, FL 33026



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

08162004

Chg-P

CR2E034 (10/03)

4. FEI Number  
65-0798686

Applied For  
Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CHAVEZ, SANTIAGO  
8984-8986 TAFT ST.  
PEMBROKE PINES, FL 33026

Name  
JOSE M. CHAVEZ

Street Address (P.O. Box Number is Not Acceptable)

5820 SW 102TH AVE

City  
COOPER CITY

FL

Zip Code  
33328

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]*

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

(NOTE: Registered Agent signature required when reinstating)

8/17/04

DATE

Amended AR is \$61.25

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  
PSTD  
CHAVEZ, SANTIAGO  
23 LAREDO PLACE  
DAVIE, FL 33324 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PRESIDENT  
JOSE MANUEL CHAVEZ  
5820 SW 102TH AVE COOPER CITY FL 33328 ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VD  
CHAVEZ, JOSE M  
201 SW 63RD TERRACE  
PEMBROKE PINES, FL 33023 ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VIC-PRESIDENT  
SANTIAGO CHAVEZ  
2201 NW 85TH AVE PEMBROKE PINES FL 33024 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
300040645383  
08/30/04--01075--012 \*\*70.00 ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JOSE M. CHAVEZ

8/17/04

Date

954-450-0866

Daytime Phone #