

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P98000012639

Entity Name: LA FORZA, INC.

FILED  
Mar 08, 2004  
Secretary of State

## Current Principal Place of Business:

8 GLEASONS T  
DELRAY BEACH, FL 33483

## New Principal Place of Business:

65 NE2ND AVE  
610  
DELRAY BEACH, FL 33483

## Current Mailing Address:

8 GLEASONS T  
DELRAY BEACH, FL 33483

## New Mailing Address:

65 NE2ND AVE  
610  
DELRAY BEACH, FL 33483

FEI Number: 65-0810732

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

BETTERS, CHRISTINA  
205 E. ATLANTIC AVENUE  
DELRAY BEACH, FL 33444 US

## Name and Address of New Registered Agent:

BETTERS, CHRISTINA PRES  
65 NE2ND AVE  
610  
DELRAY BEACH, FL 33484 US

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.

SIGNATURE: CHRISTINA BETTERS

03/08/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: PTD ( ) Delete  
Name: BETTERS, CHRISTINA  
Address: 8 GLEASON ST  
City-St-Zip: DELRAY BEACH, FL 33483

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VP ( ) Change (X) Addition  
Name: BETTERS, RICHARD M VP  
Address: 65NE2ND AVE SUITE610  
City-St-Zip: DELRAY BEACH, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTINA BETTERS

PRES

03/08/2004

Electronic Signature of Signing Officer or Director

Date