

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P98000019408	
1. Entity Name LLANES & COMPANY, INC.	

Principal Place of Business 1401 BAY ROAD 401 MIAMI, FL 33139	Mailing Address P.O. BOX 5805 SURFSIDE, FL 33154
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DO NOT WRITE IN THIS SPACE



04272008 No Chg-P CR2E034 (11/03)

4. FEI Number 65-0823505	Applied For ☐ Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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8. Name and Address of Current Registered Agent

LLANES, O. ANDRES
1401 BAY ROAD STE 401
MIAMI, FL 33139

**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, 2006 Fee will be \$550.00**

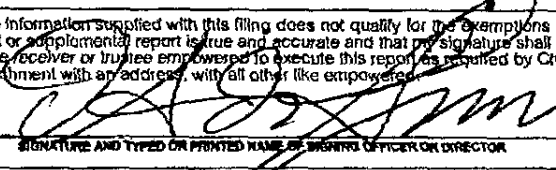
9. Election Campaign Financing ☐ **\$5.00 May Be Added to Fees**
Trust Fund Contribution.

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LLANES, O. ANDRES 1401 BAY ROAD STE 401 MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORALES, ELSA 1401 BAY ROAD STE 401 MIAMI, FL 33139
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05/18/06-80064-002 150.00

**DO NOT WRITE
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:  **O. Andres Llanes** 9/25/06 766 344-4002
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #