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FL DEPT OF S

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2005 8:00 am
Secretary of State

04-22-2005 90299 024 ***150.00

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DOCUMENT # P98000064455			
1. Entity Name LA GUERRA ENTERPRISES, INC.			
Principal Place of Business 11302 LAUREL CREST LANE TAMPA, FL 33624		Mailing Address 11302 LAUREL CREST LANE TAMPA, FL 33624	
2. Principal Place of Business 2202 E 131st Ave Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.	
City & State TAMPA, Florida		City & State	
Zip 33612	Country Hillsborough	Zip	Country
4. FEI Number 59-3529507		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LA GUERRA, TEODORO 11302 LAUREL CREST LANE TAMPA, FL 33634		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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. (NOT: Registered Agent signature required when remaining) DATE _____			
FILE NOW! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		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	P LA GUERRA, TEODORO 11302 LAUREL CREST LN TAMPA, FL 33624 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PST LA GUERRA, DAMARIS 11302 LAUREL CREST LANE TAMPA, FL 33624 ☐ 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
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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 110.07(3)(b), 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: <u>Teodoro Laguerra</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date: <u>4/18/05</u> <u>813 300-5582</u> Date Daytime Phone	