


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Jan 31, 2006 08:00 AM**  
**Secretary of State**

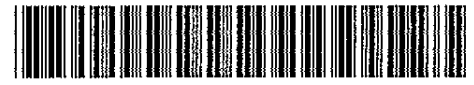
**DOCUMENT # P99000019114**

1. Entity Name  
**LARQCON GROUP, INC.**



Principal Place of Business  
**3825 SW 149 TERRACE  
 MIRAMAR FL 33027**

Mailing Address  
**3825 SW 149 TERRACE  
 MIRAMAR FL 33027**



2. Principal Place of Business  
 Suite, Apt. #, etc. *Same*  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc. *Same*  
 City & State  
 Zip Country

1st MOORE CR2E034 (10/05)

4. FEI Number **65-0898989** Applied For Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

**DELGADO, GERARDO J  
 3825 SW 149 TERRACE  
 MIRAMAR FL 33027**

7. Name and Address of New Registered Agent

Name *n/a*  
 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 *Gerardo J. Delgado* DATE

Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

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

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
PD	DELGADO, GERARDO J	3825 SW 149 TERRACE	MIRAMAR FL 33027	<input type="checkbox"/>
ST	DELGADO, GUADALUPE	3825 SW 149 TERRACE	MIRAMAR FL 33027	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Add
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

*U00000409099*  
*02/08/06-80086-006 150.00*

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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: *Gerardo J. Delgado* DATE: *1/24/06* DAYTIME PHONE #: *305 2193213*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #