## **2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)**

Mailing Address

## P99000039072 **DOCUMENT #**

1. Entity Name

Principal Place of Business

SIGNATURE:

LLANGANATES TREASURES, INC.



## **FILED** Feb 10, 2003 8:00 am Secretary of State 02-10-2003 90219 041 \*\*\*150.00

6158 N.W. 74 MIAMI FL 331 US	<del>-</del>		6158 N.W. 74 AVENUE MIAMI FL 33166 US	•						
2. Principal Place of Business 8140 NW 66 6T			3. Mailing Address							
Suite, Apt. #, etc.  MPAMP FC			3140 Suite, Apt. #, etc.		☐ CHECK HERE IF	MAKING CHA	NGES			
City & State			City & State	<i>y,</i> 70		4. FEI Number 65-0915131 Applied For Not Applicable				
2ip 33/66 Country U-S.A.			33 166	Country USA		5. Certificate of Status Desired   \$8.75 Additional Fee Required				
	6. Name	and Address of Current R	legistered Agent	1 0 0,7	7. Name a	7. Name and Address of New Registered Agent				
					Name					
	VARAS, XIM			Street	ddress (P.O. Box Num	nber is Not Acceptable)				
6158 N.W	. 74 AVENL	JE			· · · · · · · · · · · · · · · · · · ·	· · ·				
Miami Fl	33166									
		· <b>-</b>	•	City			FL Z	ip 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. (NOTE: Registered Agent signature required when reinstating)  DATE										
FILE NOW!!! FEE IS \$150.00 After May 1, 2003 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 D	IRECTORS	11,		IS/CHANGES TO OFFIC	ERS AND DIRE	CTORS	IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	25 MENOR	Yaras, Ximena a Res avenue suite 1 Ables fl 33134	☐ Delete	TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	GRANJA V 8140 NW 6 MIAMI FO		A A	hange	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1515 SAN	PE ARROYO, VERONICA REMO AVE APT E8 ABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D	E ARROYO UGRA 6 STREET	ovica X	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1515 SAN	WALTER ARROYO REMO AVE APT E8 BLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ZAMORA W 8140 NW	ALTER ARROY	0	hange , 1	. ☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			c	hange	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP	,		□ c	·	Addition	
of the cor	on this repor poration or th	information supplied with the tor supplemental report is tree e receiver or trustee empow chment with an address, wit	rue and accurate and that n rered to execute this report	ov signature shall l	eve the same lenal ett	ect as if made under oat	h-that Iam an	officer o	r director	