

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90115 023 ***150.00

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1. Entity Name
H.U.M. LARROC, INC.



Principal Place of Business
1721 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311

Mailing Address
1721 NORTH ANDREWS AVENUE
FT. LAUDERDALE, FL 33311

4060000000



01072008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0917043

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

BESKIN, JAY R
7805 S.W. 6TH COURT
PLANTATION, FL 33324

**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, 2008 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZEPKA, VICTOR
STREET ADDRESS	1721 NORTH ANDREWS AVENUE 100 No. FEDERAL Hwy
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311 PH-1, FL, 33301
TITLE	CEO
NAME	KOLKANA, JAMES 100 No. FEDERAL Hwy
STREET ADDRESS	1721 NORTH ANDREWS AVE PH-1, FL, 33301
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311 33301
TITLE	D
NAME	DAMASCENO, FELIPE
STREET ADDRESS	1721 NORTH ANDREWS AVENUE DELETE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33311
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/08

Date

954
463-6969

Daytime Phone #