

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P99000084722		
1. Entity Name LA SIRENA HOLDINGS, INC.		
Principal Place of Business 7217 S.W. 48TH ST. MIAMI, FL 33155		Mailing Address 7217 S.W. 48TH ST. MIAMI, FL 33155
DO NOT WRITE IN THIS SPACE		
		04282005 No Chg-P CR2E034 (10/03)
4. FEI Number 65-0952618		Applied For Not Applicable
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent ALONSO, AURORA 7217 S.W. 48TH ST. MIAMI, FL 33155		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 _____ DATE _____ Signature, typed or printed name of registered agent is to be used. (NOTE: Registered Agent signature required when remitting)		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contributions ☐ \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-STATE	D ALONSO, AURORA 7217 S.W. 48TH ST. MIAMI, FL 33155	
TITLE NAME STREET ADDRESS CITY-STATE	D BATISTA, WALKYRIA 7217 S.W. 48TH ST. MIAMI, FL 33155	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 807, 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>Aurora Alonso</u> PRESIDENT 4/28/05 305-6674080 SIGNATURE AND TYPED OR PRINTED NAME OF MONITORING OFFICER OR DIRECTOR		

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05/03/05-80010-003 150.00

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