

**2008 FOR PROFIT CORPORATION,
ANNUAL REPORT**

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # P99000099778

1. Entity Name
LA FORTUNA GARDENS, INC.



Principal Place of Business
20325 NORTHEAST 15TH COURT
MIAMI, FL 33179

Mailing Address
20325 NORTHEAST 15TH COURT
MIAMI, FL 33179



01142008 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0973297

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

JAY, SCOTT R
1575 IVES DAIRY ROAD
MIAMI, FL 33179

**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 HUA, ANNA P
STREET ADDRESS 20325 NORTHEAST 15TH COURT
CITY-ST-ZIP MIAMI, FL 33179

TITLE VD
NAME HUA, LAURIS
STREET ADDRESS 20325 NORTHEAST 15TH COURT
CITY-ST-ZIP MIAMI, FL 33179

TITLE SD
NAME DIEP, BINH
STREET ADDRESS 20325 NORTHEAST 15TH COURT
CITY-ST-ZIP MIAMI, FL 33179

TITLE TD
NAME HUA, THANH
STREET ADDRESS 20325 NORTHEAST 15TH COURT
CITY-ST-ZIP MIAMI, FL 33179

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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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

LAURIS HUA

01/14/2008 9545596634

Date

Daytime Phone #