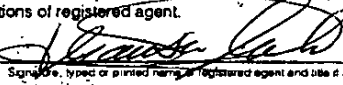
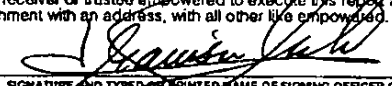


2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State

04-05-2005 90045 001 ***150.00

DOCUMENT # V30289			
1. Entity Name LA GUARDIA, INC.			
Principal Place of Business 19519 GULF BLVD. INDIAN SHORES FL 33785		Mailing Address 19519 GULF BLVD. INDIAN SHORES FL 33785	
2. Principal Place of Business 17400 GULF BLVD Suite, Apt. #, etc. APT FG		3. Mailing Address 17400 GULF BLVD Suite, Apt. #, etc. APT FG	
City & State N. REDINGTON BEACH FL		City & State N. REDINGTON BEACH FL	
Zip 33708	Country PINELLAS	Zip 33708	Country PINELLAS
6. Name and Address of Current Registered Agent HARLAN, BRUCE M. 326 BELCHER ROAD NORTH CLEARWATER FL 34625 FRANCISCO MARTIN 17400 GULF BLVD APT FG N. REDINGTON BEACH FL 33708		7. Name and Address of New Registered Agent Name: PETER RIVELLINI Street Address (P.O. Box Number is Not Acceptable) 911 CHESTNUT STREET City: CLEARWATER FL Zip Code: 33756	
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: 4-18-05 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 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		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MARTIN, FRANCISCO 19519 GULF BLVD INDIAN SHORES FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MARTIN, LINA 19519 GULF BLVD INDIAN SHORES FL 33785 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T ONESTALIO ZUNIGA 17400 GULF BLVD APT FG N. REDINGTON BEACH FL 33708 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:  press		Date: (727) 4814331	

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1st MOORE CR2E034 (10/04)

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