2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 21, 2005 8:00 am
Secretary of State
04-05-2005 90045 001 ***150.00

4

DOCUMENT # V30289

1. Entity Name
LA GUARDIA, INC.

66U12U66

1st MOORE CR2E034 (10/04)

Principal Place of Business	Mailing Address
19519 GULF BLVD. INDIAN SHORES FL 33785	19519 GULF BLVD. INDIAN SHORES FL 33785

2. Principal Place of Business	3. Mailing Address
17400 GULF BLVD	17400 GULF BLVD
Suite, Apt. #, etc. APT F6	Suite, Apt. #, etc. APT F6
City & State N. REDINGTON BEACH FL	City & State N. REDINGTON BEACH FL
Zip 33708 Country PINELLAS	Zip 33708 Country PINELLAS

4. FEI Number 59-3118166 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HARLAN, BRUCE M. 326 BELCHER ROAD NORTH CLEARWATER FL 34625 FRANCISCO MARTIN 17400 GULF BLVD APT F6 N. REDINGTON BEACH FL 33708	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 _____ 4-18-05
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, 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 F6 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: _____ Pres (727) 4814331
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #