2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2005 8:00 am
Secretary of State
02-10-2005 90038 039 ***150.00

DOCUMENT # V36813

1. Entity Name
LAD HOLDINGS, INC.

Principal Place of Business	Mailing Address
10125 NW 87 AVE HEDLEY, FL 33178 US	14171 LEANING PINE DR MIAMI LAKES, FL 33014-2512 US

01282005 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
10125 NW 87 Ave	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Medley, FL	City & State
Zip: 33178 Country: USA	Zip Country

4. FEI Number: 65-0333086 ☐ 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
BELLO, ALBERTO N. 14171 LEANING PINE DR HIALEAH, FL 33014	Name: Bello, Alberto N. Street Address (P.O. Box Number is Not Acceptable) 10125 NW 87 Ave City: Medley FL Zip Code: 33178

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: _____ 2/4/05
(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

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	PD BELLO, ALBERTO N 14171 LEANING PINE DR MIAMI LAKES, FL 330142172	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST BELLO, SYLVIA M. 14171 LEANING PINE DR MIAMI LAKES, FL 330142512	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ 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: _____ 2/4/05 305 885 6006
SYLVIA M. BELLO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #