

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Feb 10, 2006 08:00 AM
Secretary of State**

DOCUMENT # V36813

**1. Entity Name
LAD HOLDINGS, INC.**



Principal Place of Business

**10125 NW 87 AVE
MEDLEY, FL 33178 US**

Mailing Address

**14171 LEANING PINE DR
MIAMI LAKES, FL 33014-2512 US**



01272006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

**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

**BELLO, ALBERTO N.
10125 NW 87 AVE
MEDLEY, FL 33178**

**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 file if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

**9. Election Campaign Financing
Trust Fund Contribution. ☐**

**\$5.00 May Be
Added to Fees**

**U00000428323
02/21/06-80044-002 150.00**

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BELLO, ALBERTO N
STREET ADDRESS	14171 LEANING PINE DR
CITY-ST-ZIP	MIAMI LAKES, FL 330142172
TITLE	ST
NAME	BELLO, SYLVIA M.
STREET ADDRESS	14171 LEANING PINE DR
CITY-ST-ZIP	MIAMI LAKES, FL 330142512
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
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 fees empowered.

SIGNATURE:

Alberto N. Bello
Alberto N. Bello

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/31/06

Date

305-885-6006

Daytime Phone #