

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P94000070419

**Entity Name:** LAIACONA ENTERPRISES, INC.

**FILED**  
**Mar 26, 2019**  
**Secretary of State**  
**9763231471CC**

**Current Principal Place of Business:**

8501 NW 80TH STREET  
SUITE 100  
MEDLEY, FL 33166

**Current Mailing Address:**

8501 NW 80TH STREET  
SUITE 100  
MEDLEY, FL 33166 US

**FEI Number: 65-0539109**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

LAIACONA, RON SR  
8501 NW 80TH STREET  
SUITE 100  
MEDLEY, FL 33166 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name LAIACONA, SR, RON  
Address 8501 NW 80TH STREET  
SUITE 100  
City-State-Zip: MEDLEY FL 33166

Title SD  
Name LAIACONA, JOAN  
Address 8501 NW 80TH STREET  
SUITE 100  
City-State-Zip: MEDLEY FL 33166

Title VP  
Name LAIACONA, JR, RON  
Address 8501 NW 80TH STREET  
SUITE 100  
City-State-Zip: MEDLEY FL 33166

Title SD  
Name LAIACONA, MICHAEL  
Address 8501 NW 80TH STREET  
SUITE 100  
City-State-Zip: MEDLEY FL 33166

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: RON LAIACONA, JR**

**VP**

**03/26/2019**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date