

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 07, 2006 8:00 am
Secretary of State

03-15-2006 90089 018 ****61.25

DOCUMENT # N05000007048

1. Entity Name

SIEMBRA Y COSECHA CORP.



Principal Place of Business

14334 SW 136TH CT.
 MIAMI FL 33186

Mailing Address

14334 SW 136TH CT.
 MIAMI FL 33186

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

3/

00000333



1st MOORE CR2E037 (10/05)

4. FEI Number

203135501

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

ORTIZ, PAULINA PASTOR
 14334 SW 136TH CT.
 MIAMI FL 33186

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Delete |
|-------|------------------|--------------------|-----------------|---------------------------------|
| PD | ORTIZ, PAULINA | 14334 SW 136TH CT. | MIAMI FL 33186 | <input type="checkbox"/> |
| STD | ORTIZ, SEBASTIAN | 14334 SW 136TH CT. | MIAMI FL 33186 | <input type="checkbox"/> |
| VD | LA TORRE, DANIEL | 14334 SW 136TH CT. | MIAMI FL 33186 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| TITLE | NAME | STREET ADDRESS | CITY - ST - ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------|----------------|-----------------|---------------------------------|-----------------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:

PAULINA ORTIZ

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/06 305 259-0137

Day

Daytime Phone #