2005 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
05 JUL 12 PM 4:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P00000110612

1. Entity Name
"LA COMUNIDAD" CORPORATION

07112005 Chg-P CR2E034 (10/03)

Principal Place of Business	Mailing Address
900 SOUTH SHORE DRIVE MIAMI BEACH, FL 33141	900 SOUTH SHORE DRIVE MIAMI BEACH, FL 33141

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 65-1056457 ☐ 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
OVIES, IDA C 2307 DOUGLAS RD STE 400 MIAMI, FL 33145	Name: Rozencwaig & Ferrero-Carr Street Address (P.O. Box Number is Not Acceptable): 301 W. Hallandale Beach Boulevard City: Hallandale Beach FL Zip Code: 33009

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when changing)

Amended AR is $61.25

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	D MOLLA, LUIS J 900 SOUTH SHORES DR. MIAMI BEACH, FL 33141	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MOLLA, LUIS J. 900 South Shore Drive Miami Beach, Florida 33141	☒ 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	700058196967 08/03/05--01047--023 **61.25	☐ Change ☐ Addition
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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, and/or other like empowered.

SIGNATURE: _____ 305-865-9600
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #