

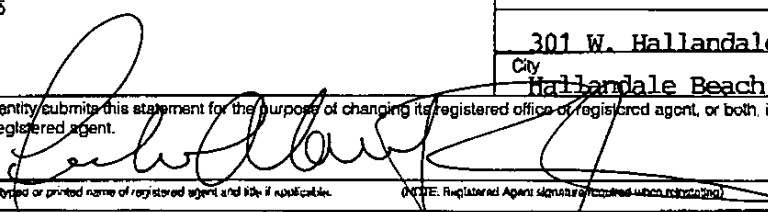
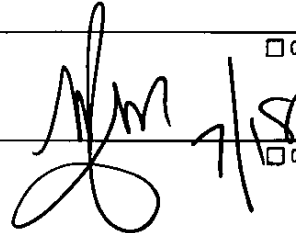
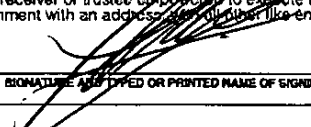
Jul 11, 2005 9:33AM

No. 9400 P. 2

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					
Principal Place of Business 900 SOUTH SHORE DRIVE MIAMI BEACH, FL 33141			Mailing Address 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	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
6. Name and Address of Current Registered Agent OVIES, IDA C 2307 DOUGLAS RD STE 400 MIAMI, FL 33145				7. Name and Address of New Registered Agent Name Rozenwaig & 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 of registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE  DATE					
Amended AR is \$61.25		8. 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 ☐ Delete 900 SOUTH SHORES DR. MIAMI BEACH, FL 33141		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MOLLA, LUIS J. ☒ Change ☐ Addition 900 South Shore Drive Miami Beach, Florida 33141	
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	
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	 ☐ Change ☐ Addition	
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, name, or other like empowered.					
SIGNATURE: 			Date 305-865-9600		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		