


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90333 046 ***150.00

DOCUMENT # P02000085612

1. Entity Name
LA CUYANA, INC.



Principal Place of Business
~~2000 POLO CLUB DR #101~~
~~KISSIMMEE, FL 34744~~

Mailing Address
2000 POLO CLUB DR #101
KISSIMMEE, FL 34741

14014102



2. Principal Place of Business
2350 SIESTA LANE
 Suite, Apt. #, etc.

3. Mailing Address
2350 SIESTA LANE
 Suite, Apt. #, etc.

01122004 Chg-P CR2E034 (10/03)

City & State
Kissimmee, Florida

City & State
Kissimmee, Florida

Zip
34746

Country
OSCEOLA

Zip
34746

Country
OSCEOLA

4. FEI Number
51-0419915

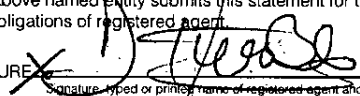
Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent
CERUTTI, GRACIELA B
2121 POLO CLUB DR #103
KISSIMMEE, FL 34741

7. Name and Address of New Registered Agent
 Name
GRACIELA CERUTTI
 Street Address (P.O. Box Number is Not Acceptable)
2350 SIESTA LANE
 City
KISSIMMEE FL Zip Code
34746

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  (NOTE: Registered Agent signature required when reinstating)

DATE **1/13/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT CERUTTI, GRACIELA 2121 POLO CLUB DR #103 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARINA, JOLEDA D 2424 POLO CLUB DR #103 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTE, OSCAR M 2121 POLO CLUB DR #103 KISSIMMEE, FL 34741	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS GRACIELA CERUTTI 2350 SIESTA LANE KISSIMMEE, FLORIDA 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARINA S. DISTEFANO 2350 SIESTA LANE KISSIMMEE, FL 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T OSCAR FUENTE 2350 SIESTA LANE KISSIMMEE, FLORIDA 34746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE  DATE **1/13/04** 407-390-9782

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #