
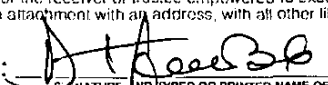


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 04, 2007 8:00 am**  
**Secretary of State**

05-04-2007 90102 010 \*\*\*150.00

DOCUMENT # P02000085612			
1. Entity Name LA CUYANA, INC.			
Principal Place of Business 2350 SIESTA LANE KISSIMMEE, FL 34746		Mailing Address <del>2350 SIESTA LANE</del> <del>KISSIMMEE FL 34746</del>	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 1940 LAKE HERITAGE CIRCLE	
Suite, Apt. #, etc.		Suite, Apt. #, etc. APT. # 712	
City & State		City & State ORLANDO, FLORIDA	
Zip	Country	Zip	Country
32839	ORANGE	32839	ORANGE
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
CERUTTI, GRACIELA 2350 SIESTA LANE KISSIMMEE, FL 34746		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 _____ DATE _____			
<b>FILE NOW!!! FEE IS \$550.00</b> <b>Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$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	DPS CERUTTI, GRACIELA 2350 SIESTA LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition BURGOS MARINA S. 1940 LAKE HERITAGE CIRCLE ORLANDO, FL. 32839
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BURGOS, MARINA S 1816 OLE HERITAGE DR. ORLANDO, FL 32839 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CERUTTI, GRACIELA 2350 SIESTA LN KISSIMMEE - FL. 34746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T FUENTE, OSCAR M 2350 SIESTA LANE KISSIMMEE, FL 34746 <input type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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 exemptions contained in Chapter 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 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: 		04-28-07 786-382 8575	
SIGNATURE (NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)		DATE	