## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jul 03, 2007 08:00 AN DOCUMENT # P04000137812 **Secretary of State** LA CASA SIERRA MEAT MARKET CORP. Principal Place of Business Mailing Address 1704 N. HOWARD AVENUE P.O. BOX 1193 TAMPA, FL 33607 LAND O'LAKES, FL 34639-1193 06292007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 84-1657974 Not Applicable \$8.75 Additional · 李林·蒙蒙·李禄等 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent SIERRA, ROGELIO DO NOT WRITE 1704 N. HOWARD AVENUE TAMPA, FL 33607 IN THIS SPACE 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 Fiorida. I am familiar with, and accept the obligations of registered agent. Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. corporation did not receive the prior notice. Due by September 14, 2007 OFFICERS AND DIRECTORS 10. TITLE NAME SIERRA, ROGELIO 1704 N. HOWARD AVENUE STREET ADDRESS CITY-ST-ZIP TAMPA, FL 33607 · U00000766803 · TITLE 07/03/07-80001-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

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 of 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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

IGNATORE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/29/07

Davtime Phone #

**FILED**