

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000095374

Entity Name: LA CASITA ROJA, INC.

FILED
Jun 09, 2006
Secretary of State

Current Principal Place of Business:

9939 NOB HILL COURT
SUNRISE, FL 333514611

New Principal Place of Business:

4492 NW 99 WAY
SUNRISE, FL 33351

Current Mailing Address:

9939 NOB HILL COURT
SUNRISE, FL 333514611

New Mailing Address:

4492 NW 99 WAY
SUNRISE, FL 33351

FEI Number: 20-3384829

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

UGAZ, MARIA DOLORES
9939 NOB HILL COURT
SUNRISE, FL 333514611 US

Name and Address of New Registered Agent:

UGAZ, MARIA DOLORES
4492 NW 99 WAY
SUNRISE, FL 333514611 US

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.

SIGNATURE: MARIA DOLORES UGAZ

06/09/2006

Electronic Signature of Registered Agent

Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: UGAZ, MARIA DOLORES
Address: 9939 NOB HILL COURT
City-St-Zip: SUNRISE, FL 333514611

Title: D () Delete
Name: DAVILA, MIGUEL M
Address: 9939 NOB HILL COURT
City-St-Zip: SUNRISE, FL 333514611

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: UGAZ, MARIA DOLORES
Address: 4492 NW 99 WAY
City-St-Zip: SUNRISE, FL 33351

Title: D (X) Change () Addition
Name: DAVILA, MIGUEL M
Address: 4492 NW 99 WAY
City-St-Zip: SUNRISE, FL 33351

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARIA DOLORES UGAZ

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06/09/2006

Electronic Signature of Signing Officer or Director

Date