


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P96000038408

1. Entity Name
LA REVOLTOSA, INC.



Principal Place of Business Mailing Address

10470 S.W. 96TH STREET **10470 S.W. 96TH STREET**
MIAMI, FL 33176 **MIAMI, FL 33176**

DO NOT WRITE IN THIS SPACE



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
65-0666372 Not Applicable

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

6. Name and Address of Current Registered Agent

PARDO, MILAGROS
10470 S.W. 96TH STREET
MIAMI, FL 33176

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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 _____
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 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	D PARDO, MILAGROS 10470 S.W. 96TH ST. MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FRANCISCO, PAEDO 10470 SW 96 ST MIAMI, FL 33176
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARDO, DAVID 10470 SW 96 ST MIAMI, FL 33176
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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: *Milagros Pardo* 3/31/06 305-551-7707
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #