2005 FOR PROFIT CORPORATION

changed, or

SIGNATURE:

Jan 14, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT #414984** 01-14-2005 90002 017 ***150.00 1. Entity Name AL CÁNTINA, INC. Mailing Address Principal Place of Business 50002328 4721 E. COLONIAL DR 4721 E. COLONIAL DR ORLANDO, FL 32803 ORLANDO, FL 32803 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01062005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 59-1427255 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SENG, LINDAL. 4721 E. COLONIAL DR. Street Address (P.O. Box Number is Not Acceptable) ORLANDO, FL 32801 City 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be Added to Fees FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP Delete TITLE. TITI F ☐ Change ☐ Addition NAME SENG, LINDA L. NAME 1101 SALERNO CT. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP VP TITLE ☐ Delete □ Change ☐ Addition HART, KAREN NAME NAME STREET ADDRESS 4920 FAYANN ST. STREET ADDRESS CITY-ST-ZIP ORLANDO, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME TASSONI, DEBRA NAME 5175 BRENDA DR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP ORLANDO, FL 32812 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition COLEY, LORIE NAME NAME STREET ADDRESS 3405 TENNESSEE TERR. STREET ADDRESS CITY-ST-ZIP ORLÁNDO, FL. 32806 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change □ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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

FILED