2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 444641

1. Entity Name
LA HACIENDA INC.

Principal Place of Business	Mailing Address
13120 OLD CUTLER RD MIAMI, FL 33156 US	13120 OLD CUTLER RD MIAMI, FL 33156 US

DO NOT WRITE IN THIS SPACE

03032004   No Chg-P   CR2E034 (10/03)

4. FEI Number	Applied For
59-1505710	Not Applicable

5. Certificate of Status Desired   ☒   **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

ESCAGEDO, BEATRIZ
13120 OLD CUTLER RD
MIAMI, FL 33156

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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

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
After May 1, 2004 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

U000000078861
03/08/04-80043-008 158.75

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEATRICE C ESCAGEDO
STREET ADDRESS	13120 OLD CUTLER ROAD
CITY-ST-ZIP	MIAMI, FL 33156
TITLE	DT
NAME	ESCAGEDO MARIA EUGENIA
STREET ADDRESS	13160 OLD CUTLER RD
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Beatriz C. Escagedo*   3-4-05   305-665-3792

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #