


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2004 08:00 AM
Secretary of State

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| DOCUMENT # 444641 1. Entity Name LA HACIENDA INC. |  |
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| Principal Place of Business 13120 OLD CUTLER RD MIAMI, FL 33156 US | Mailing Address 13120 OLD CUTLER RD MIAMI, FL 33156 US |
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DO NOT WRITE IN THIS SPACE



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|----------------------------------|--|-----------------|
| 03032004 | No Chg-P | CR2E034 (10/03) |
| 4. FEI Number 59-1505710 | Applied For Not Applicable | |
| 5. Certificate of Status Desired | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |

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| 6. Name and Address of Current Registered Agent ESCAGEDO, BEATRIZ 13120 OLD CUTLER RD MIAMI, FL 33156 | DO NOT WRITE IN THIS SPACE |
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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 title if applicable. (NOTE: Registered Agent signature required when re-registering)

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | U000000078861 03/08/04-80043-008 158.75 |
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| 10. OFFICERS AND DIRECTORS | |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD BEATRICE C ESCAGEDO 13120 OLD CUTLER ROAD MIAMI, FL 33156 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT ESCAGEDO MARIA EUGENIA 13160 OLD CUTLER RD 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 | |

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 3-4-05 805-665-3792
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #