


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90196 030 \*\*\*158.75

<b>DOCUMENT # 671875</b>					
1. Entity Name LAS MERCEDES CATERING, INC.					
Principal Place of Business 218 W 22 ST HIALEAH, FL 33010-1522			Mailing Address 218 W 22 ST HIALEAH, FL 33010-1522		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
SALACDO, IRAIDA 5985 W 12 LANE HIALEAH, FL 33012				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	PD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAMASO, SALCEDO		NAME		
STREET ADDRESS	5985 W 12TH LANE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL, 33012		CITY-ST-ZIP		
TITLE	STD	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALZEDO, DAMASO		NAME		
STREET ADDRESS	5985 W 12TH LANE		STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL,		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SALCEDO, IRAIDA		NAME	SALCEDO, IRAIDA	
STREET ADDRESS	5985 W 12TH LANE		STREET ADDRESS	5985 WEST 12 LANE	
CITY-ST-ZIP	HIALEAH, FL		CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Delete	TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	SALCEDO, EDUARDO	
STREET ADDRESS			STREET ADDRESS	5985 WEST 12 LANE	
CITY-ST-ZIP			CITY-ST-ZIP	HIALEAH, FL. 33012	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <i>Iraida Salcedo</i>		IRAIIDA SALCEDO		4-29-05 305-885-1605	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>		<small>Daytime Phone #</small>	