2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2006 8:00 am Secretary of State

DOCUMENT # 671875 1. Entity Name LAS MERCEDES CATERING, INC.						03-02-2000	90165 042 **	*130.00
Principal Plac	e of Business	Mailing Address			1			
218 W 22 ST		218 W 22 ST						
HIALEAH, FL 33010-1522 HIALEAH, FL 33010-1522			-1522					
					3 100010 0116 10		 } 	
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04262006	Chg-P	CR2E034 (11/	05)	
City & State		City & State		4. FEI Number 59-2034	413		Applied For Not Applicable	
Zip	Country	Zip	Zip Count		5. Certificate o	f Status Desired	□ \$8.75 Fee Re	Additional quired
	6. Name and Address of Curr	ent Registered Agent			7. Name and A	ddress of New R	legistered Agent	
SALACDO	LIBAIDA	Name						
SALACDO, IRAIDA 5985 W 12 LANE HIALEAH, FL: 33012				Street Address (P.O. Box Number is Not Acceptable)				
100								
			City	FL Zip Code				
8. The above	named entity submits this stateme	l red office or registe	ered agent, or both	in the State of Eld		with and accept		
	ions of registered agent.	FF	, con a grana	ou omos si regisi	area agern, or some		, , , , , , , , , , , , , , , , , , , ,	mm, and accept
SIGNATURE_	4 Tayler							
0.070.101122	Signature, typed or printed name of registered a	igent and title if applicable. (N	OTE Registere	ed Agent signature requir	ed when reinstating)		DATE	
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 Ided to Fees			
10.		ND DIRECTORS	11.		ADDITIONS/C	HANGES TO OFF	ICERS AND DIREC	TORS IN 11
TITLE	PD SALCEDO ABAIDA	Delete	TITL	LE .				
NAME STREET ADDRESS							☐ Cha	nge 🗌 Addition
CITY-ST-ZIP	1 5985 W 12 LH LANE		NAN STRI	-			☐ Cha	nge 🗌 Addition
U111-31-21F	5985 W 12TH LANE HIALEAH, FL		STR	ME LEET ADDRESS Y-ST-ZIP			☐ Cha	nge 🗌 Addition
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The early centry may be miorimation supplied with this inling coes not quality for the exemptions contained in Chapter 119, Horida 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 eath; 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. MATTURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _