2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61126

City-St-Zip:

MIAMI, FL 33185

FILED May 02, 2006 Secretary of State

Entity Nan	ne: LA MURC	CIANA, INC.			
Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
5534 NW 7 MIAMI, FL			5511 NW 74 AVE MIAMI, FL 33166 U	JS	
Current Ma	ailing Addres	s:	New Mailing Addres	New Mailing Address:	
5534 NW 7 MIAMI, FL			5511 NW 74 AVE MIAMI, FL 33166 U	JS	
FEI Number:	65-0186895	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
JOSE SAEZ-NAVARRO 8888 COLLINS AVE. APT. 305 MIAMI BEACH, FL 33154 US			6365 COLLINS AVE.	JOSE SAEZ-NAVARRO 6365 COLLINS AVE. APT. 2802 MIAMI BEACH, FL 33141 US	
The above in the State		submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATURE: JOSE SAEZ-NAVARRO				05/02/2006	
	Electron	ic Signature of Registered Age	ent	Date	
		3(2)(b), F.S., the corporation did no Trust Fund Contribution ().	t receive the prior notice.		
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	DP () SAEZ-NAVARRO 6365 COLLINS MIAMI BEACH,	AVENUE #2802	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S () ROMANO, DOR 6365 COLLINS MIAMI BEACH,	AVENUE #2802	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	T () SAEZ, ANDRES 4001 SW 152 F	•	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: JOSE SAEZ-NAVARRO P 05/02/2006