## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# L61126

Address: City-St-Zip:

MIAMI, FL 33185

FILED Aug 02, 2007 Secretary of State

Entity Name: LA MURCIANA, INC. **Current Principal Place of Business: New Principal Place of Business:** 5511 NW 74 AVE 2678 NW 112 AVE MIAMI, FL 33166 US MIAMI, FL 33172 US **Current Mailing Address: New Mailing Address:** 2678 NW 112 AVENUE 5511 NW 74 AVE MIAMI, FL 33166 US MIAMI, FL 33172 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 of New Registered Agent: JOSE SAEZ-NAVARRO SAEZ, JOSE 6365 COLLINS AVE. APT. 2802 2678 NW 112 AVE MIAMI BEACH, FL 33141 US MIAMI, FL 33172 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. SIGNATURE: JOSE SAEZ 08/02/2007 Electronic Signature of Registered Agent Date In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. Election Campaign Financing Trust Fund Contribution ( ). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition SAEZ-NAVARRO, JOSE, Name: Name: 6365 COLLINS AVENUE #2802 Address: Address: City-St-Zip: MIAMI BEACH, FL 331414621 City-St-Zip: ( ) Delete Title: Title: () Change () Addition Name: ROMANO, DORA LUISA Name: 6365 COLLINS AVENUE #2802 Address: Address: MIAMI BEACH, FL 331414621 City-St-Zip: City-St-Zip: ( ) Delete Title: Title: () Change () Addition SAEZ, ANDRES GUSTAVO, Name: Name: 4001 SW 152 PL. Address:

I hereby certify that the information supplied with this filing does not qualify 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 PD 08/02/2007