2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# L61126

FILED Sep 16, 2008 Secretary of State

Entity Name: LA MURCIANA, INC.			
Current Principal Place of Business:	New Principal Place o	New Principal Place of Business:	
2678 NW 112 AVE MIAMI, FL 33172 US			
Current Mailing Address:	New Mailing Address	:	
2678 NW 112 AVENUE MIAMI, FL 33172 US			
FEI Number: 65-0186895 FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:	Name and Address of	Name and Address of New Registered Agent:	
SAEZ, JOSE 2678 NW 112 AVE MIAMI, FL 33172 US			
The above named entity submits this statement for the in the State of Florida.	purpose of changing its registered	office or registered agent, or both,	
SIGNATURE:			
Electronic Signature of Registered Ag	gent	Date	
In accordance with s. 607.193(2)(b), F.S., the corporation did n Election Campaign Financing Trust Fund Contribution ().	ot receive the prior notice.		
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: DP () Delete	Title: DP ((X) Change () Addition	

MIAMI, FL 33185

City-St-Zip:

SAEZ-NAVARRO, JOSE, SAEZ, JOSE DP Name: Name: 6365 COLLINS AVENUE #2802 Address: Address: 6365 COLLINS AVENUE #2802 City-St-Zip: MIAMI BEACH, FL 331414621 City-St-Zip: MIAMI BEACH, FL 331414621 Title: () Delete Title: () Change () Addition ROMANO, DORA LUISA Name: Name: Address: 6365 COLLINS AVENUE #2802 Address: MIAMI BEACH, FL 331414621 City-St-Zip: City-St-Zip: Title: Title: () Delete (X) Change () Addition Name: SAEZ, ANDRES GUSTAVO, Name: SAEZ, ANDRES G Address: 4001 SW 152 PL. Address: 4001 SW 152 PL.

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:

MIAMI, FL 33185

SIGNATURE: JOSE SAEZ DP 09/16/2008