

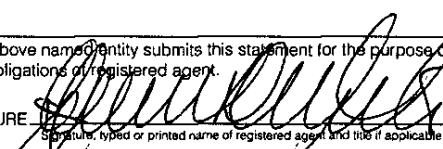
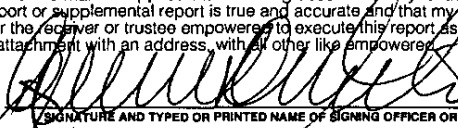


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 08, 2004 8:00 am**  
**Secretary of State**

03-08-2004 90028 025 \*\*\*150.00

<b>DOCUMENT # L97270</b> 1. Entity Name <b>LA CACICA, INC.</b>			
Principal Place of Business <b>6413 NW 109 AVE</b> <b>MIAMI, FL 33178 US</b>		Mailing Address <b>6413 NW 109 AVE</b> <b>MIAMI, FL 33178 US</b>	
2. Principal Place of Business <b>8345 NW 68 ST</b> Suite, Apt. #, etc.	3. Mailing Address <b>8345 NW 68 ST</b> Suite, Apt. #, etc.		
City & State <b>MIAMI FLORIDA</b> Zip Country <b>33166</b>	City & State <b>MIAMI FLORIDA</b> Zip Country <b>33166</b>	4. FEI Number <b>65-0217259</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		03032004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>VICTORIA, CLEMENCIA A.</b> <b>6413 NW 109 AVE</b> <b>MIAMI, FL 33178</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) <b>8345 NW 68 ST</b> City <b>MIAMI</b> FL Zip Code <b>33166</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>PDV</b> <b>VICTORIA, CLEMENCIA A.</b> <b>9420 FONTAINEBLEAU BLVD, #104</b> <b>MIAMI, FL 33172</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP <b>8345 NW 68 ST</b> <b>MIAMI FL 33166</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		3/3/04 305-594-3323 Date Daytime Phone #	