

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 02, 2004 8:00 am
Secretary of State

03-02-2004 90013 021 ***158.75

DOCUMENT # M96720

1. Entity Name

LA CASA SIERRA CORPORATION



Principal Place of Business

1704 N HOWARD AVE.
TAMPA FL 33607

Mailing Address

P.O. BOX 1193
LAND O LAKES FL 34639

2. Principal Place of Business

11520 US Hwy 41
Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 1193
Suite, Apt. #, etc.

City & State

Land O'lakes, FL

City & State

Land O'lakes, FL

4. FEI Number

59-2914689

Applied For

Not Applicable

5. Certificate of Status Desired

☒ \$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

SIERRA, ANGELA
1704 N. HOWARD AVENUE
TAMPA FL 33607

7. Name and Address of New Registered Agent

Name: Sierra, Angela
Street Address (P.O. Box Number is Not Acceptable): 1008 W. Bearss Ave
City: Tampa FL Zip Code: 33613

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: Angela Sierra

Angela Sierra

2/20/04

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00

After May 1, 2004 Fee will be \$550.00

Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution.

☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SIERRA, ROY	
STREET ADDRESS	1008 BEARSS AVE.	
CITY-ST-ZIP	TAMPA FL 33549	
TITLE	DST	<input type="checkbox"/> Delete
NAME	SIERRA, ANGELA	
STREET ADDRESS	1704 N HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE	VP	<input type="checkbox"/> Delete
NAME	SIERRA, LINDA	
STREET ADDRESS	1704 N HOWARD AVE.	
CITY-ST-ZIP	TAMPA FL 33607	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1008 W. Bearss Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	1008 W. Bearss Ave	
CITY-ST-ZIP	Tampa, FL 33613	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

Angela Sierra
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/20/04
Date

Daytime Phone #