2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000008997

Entity Name: LA GRAN COSECHA INTERNATIONAL, INC.

FILED Apr 21, 2005 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

PMB # 379 8353 SW 40TH STREET

6619 SOUTH DIXIE HWY 8353

MIAMI, FL 33143 MIAMI, FL 33155

Current Mailing Address: New Mailing Address:

PMB # 379 8353 SW 40TH STREET

6619 SOUTH DIXIE HWY 83

MIAMI, FL 33143 MIAMI, FL 33155

FEI Number: 22-3882818 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:

FIGUEROA, CARMEN I MENENDEZ, MAYLINE Y PMB # 379 8353 SW 40TH STREET 6619 SOUTH DIXIE HWY 8353

MIAMI, FL 33143 US MIAMI, FL 33155 US

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: MAYLINE Y. MENENDEZ 04/21/2005

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D () Delete Title: D (X) Change () Addition Name: GONZALEZ, GUILLERMO Name: GONZALEZ, GUILLERMO

 Name:
 GONZALEZ, GOILLERMO
 Name:
 GONZALEZ, GOILLERMO

 Address:
 6619 SOUTH DIXIE HWY, # 379
 Address:
 8353 SW 40TH STREET

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:
 MIAMI, FL 33155

Title: D () Delete Title: D (X) Change () Addition

 Name:
 GONZALEZ, VILMA
 Name:
 GONZALEZ, VILMA

 Address:
 6619 SOUTH DIXIE HWY, # 379
 Address:
 8353 SW 40TH STREET

Address: 6619 SOUTH DIATE HVV1, # 3/9 Address: 8353 SVV 40111 STREE
City-St-Zip: MIAMI, FL 33143 City-St-Zip: MIAMI, FL 33155

 Name:
 FIGUEROA, CARMEN I
 Name:
 MENENDEZ, MAYLINE Y

 Address:
 6619 SOUTH DIXIE HWY, #379
 Address:
 8353 SW 40TH STREET

 City-St-Zip:
 MIAMI, FL 33143
 City-St-Zip:
 MIAMI, FL 33155

I hereby certify that the information supplied with this filing does not qualify for the 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MAYLINE Y. MENENDEZ D 04/21/2005