
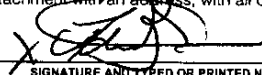


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 07, 2008 8:00 am**  
**Secretary of State**

04-07-2008 90050 024 \*\*\*\*61.25

<b>DOCUMENT # N03000011014</b>					
1. Entity Name LA CASA DE FE INTERNACIONAL, INC.					
Principal Place of Business 16605 SUNRISE LAKES BLVD. SUITE 10 CLERMONT, FL 34714			Mailing Address 16605 SUNRISE LAKES BLVD. SUITE 10 CLERMONT, FL 34714		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-0527021	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
BANOS, FREDDY 5864 ROYAL HILLS CIRCLE WINTER HAVEN, FL 33881			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City	FL	Zip Code
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	P	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANOS, FREDDY			NAME	
STREET ADDRESS	5864 ROYAL HILLS CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	
TITLE	VP	<input checked="" type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BANOS, BANNY			NAME	
STREET ADDRESS	5864 ROYAL HILLS CIRCLE			STREET ADDRESS	
CITY-ST-ZIP	WINTER HAVEN, FL 33881			CITY-ST-ZIP	
TITLE	S	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUGO, YVETTE			NAME	
STREET ADDRESS	8626 ABBATS BURY DR			STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE, FL 34786			CITY-ST-ZIP	
TITLE	T	<input type="checkbox"/> Delete		TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEGUERO, EMANNUEL			NAME	
STREET ADDRESS	16605 SUNRISE LAKES BLVD., SUITE 10			STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34714			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUZMAN, ROBERT			NAME	
STREET ADDRESS	12944 GLEASON WAY			STREET ADDRESS	
CITY-ST-ZIP	CLERMONT, FL 34711			CITY-ST-ZIP	
TITLE		<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME				NAME	T/D
STREET ADDRESS				STREET ADDRESS	FEDERICO BANOS
CITY-ST-ZIP				CITY-ST-ZIP	5642 ROYAL HILLS STREET WINTER HAVEN, FL 33881
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 				3/31/08 352-404-4925	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date Daytime Phone #</small>	