2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010007

Entity Name: LA FE RESTAURADA INC

22519 RODERICK DRIVE

LAND O LAKES, FL 34639

Address: City-St-Zip: FILED Mar 25, 2008 Secretary of State

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Current P	rincipal Plac	e of Business:	New Principal Place	New Principal Place of Business:	
4202 W WATERS AVENUE SUITE 3 TAMPA, FL 33614			2508 W HAMILTON SUITE 2 TAMPA, FL 33614		
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
4202 W W SUITE 3 TAMPA, F	/ATERS AVEN L 33614	NUE			
FEI Number	: 20-0360744	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and Address of Current Registered Agent:			Name and Address	Name and Address of New Registered Agent:	
4202 W W SUITE 4	DEZ, DIONISIA (ATERS AVEN L 33614 US				
The above in the State	e named entity e of Florida.	submits this statement for the p	ourpose of changing its registere	ed office or registered agent, or both,	
SIGNATU	RE:				
	Electro	nic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (RODRIGUEZ, 22519 RODER LAND O LAKE	RICK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (FERNANDEZ, 4706 ROUDVII LAND O LAKE	EW CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (RODRIGUEZ, 22519 RODER LAND O LAKE	RICK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (RODRIGUEZ,) Delete YNOCENCIA	Title: Name:	() Change () Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Address:

City-St-Zip:

SIGNATURE: DERSIS RODRIGUEZ P 03/25/2008