2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000010007

Address:

City-St-Zip:

22519 RODERICK DRIVE

LAND O LAKES, FL 34639

Entity Name: LA FE DESTALIDADA INC

FILED Mar 26, 2009 Secretary of State

Littly Nai	IIIE. LATERI	STAURADA INC			
Current Principal Place of Business:			New Principal Place of Business:		
2508 W H	AMILTON				
SUITE 2 TAMPA, F	L 33614				
Current Mailing Address:			New Mailing Address:		
4202 W W SUITE 3 TAMPA, F	'ATERS AVEN L 33614	UE			
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 of	Name and Address of New Registered Agent:	
4202 W W SUITE 4 TAMPA, F	DEZ, DIONISIA 'ATERS AVEN L 33614 US	UE	ourpose of changing its registere	d office or registered agent, or both,	
	e of Florida.	submittee the etatement for the p	surpose of orlanging the regioners	a cinico di regionerea agent, di boni,	
SIGNATUR	RE:				
Electronic Signature of Registered Ager			ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	P (RODRIGUEZ, I 22519 RODER LAND O LAKES	ICK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (FERNANDEZ, I 4706 ROUDVIE LAND O LAKES	W CT	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (RODRIGUEZ, S 22519 RODER LAND O LAKES	ICK DRIVE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name:	T (RODRIGUEZ, \) Delete /NOCENCIA	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: DIONISIA FERNANDEZ VΡ 03/26/2009