2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 02, 2007
Secretary of State

DOCUMENT# N19645

Entity Name: LA FIESTA DEL FLORIDA, INC.

Current Principal Place of Business:

230 E PARK AVE
LAKE WALES, FL 33853

New Principal Place of Business:

Current Mailing Address:

PO BOX 3631
LAKE WALES, FL 338593631

New Mailing Address:

FEI Number: 59-2966988 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

TOMMY, PHILLIPS
1385 SHERIDAN ST SW
WINTER HAVEN, FL 33880 US

Name and Address of New Registered Agent:

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: _____
Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: P/D ( ) Delete
Name: PHILLIPS, TOMMY
Address: 1385 SHERIDAN ST SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: VP ( ) Delete
Name: CYPHENS, PIA
Address: 4832 RALEIGH PASS
City-St-Zip: LAKE WALES, FL 33859

Title: T ( ) Delete
Name: JASON, PENROD
Address: 2203 COUNTRY CLUB DR
City-St-Zip: LAKE WALES, FL 33898

Title: S ( ) Delete
Name: MAGGIE, YOUNG EMMETT
Address: 858 HILLSIDE AVE
City-St-Zip: LAKE WALES, FL 33859

Title: JAD ( ) Delete
Name: BARKER, WALLACE B
Address: 208 RIDGE MANOR DR
City-St-Zip: LAKE WALES, FL 33853

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P/D (X) Change ( ) Addition
Name: PHILLIPS, TOMMY H
Address: 1385 SHERIDAN ST SW
City-St-Zip: WINTER HAVEN, FL 33880

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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.

SIGNATURE: TOMMY PHILLIPS P/D 07/02/2007
Electronic Signature of Signing Officer or Director — Date