


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 21, 2005 8:00 am**  
**Secretary of State**

02-21-2005 90057 042 \*\*\*\*70.00

<b>DOCUMENT # N94000003544</b> 1. Entity Name <b>LA FAMA DE JESUS INC.</b>					
Principal Place of Business <b>C/O HECHADARRIA CANDIDA</b> <b>528 MONCEAUX RD.</b> <b>WEST PALM BEACH, FL 33405 US</b>			Mailing Address <b>C/O HECHADARRIA CANDIDA</b> <b>528 MONCEAUX RD.</b> <b>WEST PALM BEACH, FL 33405 US</b>		
2. Principal Place of Business <b>3451-10 Ave N Lake Worth</b>		3. Mailing Address Suite, Apt. #, etc.			
City & State <b>Lake Worth FLA</b>		City & State			
Zip <b>33461</b>		Zip <b>33405</b>		Country	
4. FEI Number <b>65-0511480</b>				Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/>				<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent  <b>CORPORATE CREATIONS ENTERPRISES INC</b> <b>4521 PGA BLVD SUITE 211</b> <b>PALM BEACH GARDENS, FL 33418</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> 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</b> <b>Due by May 1, 2005</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>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>HECHAVARRIA RE RIGOBERTO</b> <b>% 3951 10TH AVENUE NORTH</b> <b>LAKE WORTH, FL 33461</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>VACA, ANA</b> <b>% 3607 S DIXIE HWY</b> <b>WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>ANA CISNEROS</b> <b>3716 Meyhill Ave</b> <b>WPB FLA 33405</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>CANDIDA, HECHADARRIA</b> <b>528 MONCEAUX RD</b> <b>WEST PALM BEACH, FL 33405</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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.					
<b>SIGNATURE:</b> <u>Rigoberto Hecharría</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNED OFFICER OR DIRECTOR</small>					
Date _____ Daytime Phone # _____					