


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2006 8:00 am
Secretary of State

03-10-2006 90006 005 ****75.00

DOCUMENT # N94000003544

1. Entity Name
 LA FAMA DE JESUS INC.



Principal Place of Business
 C/O HECHADARRIA CANDIDA
 528 MONCEAUX RD.
 WEST PALM BEACH, FL 33405 US

Mailing Address
 C/O HECHADARRIA CANDIDA
 528 MONCEAUX RD.
 WEST PALM BEACH, FL 33405 US

2. Principal Place of Business
 3951-10 Ave N.
 Suite, Apt. #, etc.

3. Mailing Address
 528 Monceaux Rd
 Suite, Apt. #, etc.

City & State
 Lake Worth
 Florida

City & State
 WPB
 Florida

Zip
 33461

Zip
 33405



02132006 Chg-NP CR2E037 (11/05)

6. Name and Address of Current Registered Agent
 CORPORATE CREATIONS ENTERPRISES INC -
 4521 PGA BLVD SUITE 211
 PALM BEACH GARDENS, FL 33418

7. Name and Address of New Registered Agent
 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$61.25 Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD HECHAVARRIA RE RIGOBERTO % 3951 10TH AVENUE NORTH LAKE WORTH, FL 33461	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D VACA, ANA 3716 MERRILL AVE WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D CANDIDA, HECHADARRIA 528 MONCEAUX RD WEST PALM BEACH, FL 33405	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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 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 fees empowered.

SIGNATURE Rigoberto Palma DATE 2/22/06 561 3159563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR /Date Daytime Phone #