## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## Mar 09, 2006 08:00 AM **Secretary of State** DOCUMENT # P00000028239 1. Entity Name LA RELOJERIA, INC. Principal Place of Business Mailing Address 3922 WEST 12 AVENUE 3922 WEST 12 AVENUE HIALEAH, FL 33012 HIALEAH, FL 33012 03052006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0992797 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MEDEROS, JUAN C DO NOT WRITE 3922 WEST 12 AVENUE HIALEAH, FL 33012 IN THIS SPACE 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. (am familiar with, and accept the obligations of registered agent. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS TITLE D GUTIERREZ, JOSE SR NAME STREET ADDRESS 5830 WEST 18 LANE APT 201 000000462229 03/21/06-**8**0026-011 150.00 CITY-ST-ZIP HIALEAH, FL 33012 מ TITLE NAME GUTIERREZ, JOSE A JR STREET ADDRESS 2642 WEST 72 STREET CITY-ST-ZP HIALEAH, FL 33016 TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attechment with an address, with all other like empowered.

SIGNATURE:

STREET ADDRESS CATY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

UNE AND TIPED OR PRINTED NAME OF SIGNING OFFICER OF

\$2 03/05

Daytime Phone #

FILED