



**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 05, 2007 08:00 AM
Secretary of State

DOCUMENT # P00000028239 1. Entity Name LA RELOJERIA, INC.	
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Principal Place of Business 3922 WEST 12 AVENUE HIALEAH, FL 33012	Mailing Address 3922 WEST 12 AVENUE HIALEAH, FL 33012
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DO NOT WRITE IN THIS SPACE



05242007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0992797	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent MEDEROS, JUAN C 3922 WEST 12 AVENUE HIALEAH, FL 33012	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		<p>000000765895 06/05/07-80002-001 150.00</p> <p>DO NOT WRITE IN THIS SPACE</p>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, JOSE SR 5830 WEST 18 LANE APT 201 HIALEAH, FL 33012	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUTIERREZ, JOSE A JR 2642 WEST 72 STREET HIALEAH, FL 33016	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		

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 attachment with an address, with all other like empowered.

SIGNATURE:  **05-29-07**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #