


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 18, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000038328 1. Entity Name LA GRAN PINATA USA, INC.					
Principal Place of Business 4485 NW 99 WAY SUNRISE, FL 33351			Mailing Address 4485 NW 99 WAY SUNRISE, FL 33351		
2. Principal Place of Business Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____			3. Mailing Address Suite, Apt. #, etc. _____ City & State _____ Zip _____ Country _____		
4. FEI Number 65-1001681				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				04112005 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent HOYOS, NESTOR R 4485 NW 99 WAY SUNRISE, FL 33351			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD FERNANDO, RIVERA 4485 NW 99 WAY SUNRISE, FL 33351 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition UN000000312314 04/18/05-80079-017 150.00		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HOYOS, NESTOR R 4485 NW 99 WAY SUNRISE, FL 33351 <input type="checkbox"/> Delete	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"/> 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	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 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: _____ <i>Nestor R. Hoyos</i> 4/11/05 (954) 673-0621 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					