2007 EOD DDOELT CODDODATION

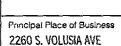
FILED Sep 13, 2007 08:00 AM Secretary of State

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	ANNUAL REPORT	
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	- /	

DOCUMENT # P00000058713 •

1. Entity Name

LA HACIENDA OF ORANGE CITY, INC.



ORANGE CITY, FL 32763

Mailing Address

C/O GREGORY E. WILLIAMS 3504 VANN ROAD - SUITE 104 BIRMINGHAM, AL 35235



07052007 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 62-1824597 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired

6. Name and Address of Current Registered Agent

OCHOA, MANUEL 2260 S. VOLUSIA AVE ORANGE CITY, FL 32763

STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SDACE

M	anuel of	hoa	IN THIS SPACE				
8. The above the obligat	named entity submits this statement for the tions of registered agent.	purpose of changing its registere	d office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept		
SIGNATURE.	Signature, typed or printed name of registered agent and tit	le if applicable. (NOTE. Registered	Agent signaturi	equired when rainstating)	DATE		
	LE NOW!!! FEE IS \$150.00 ue by September 14, 2007	Election Campaign Finan Trust Fund Contribution.	cing	\$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.		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P OCHOA, MANUEL 210 BEAVER CREST CIRCLE PELHAM, AL 35124	ECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP			•		1100000773821 03/13/07-80001-001 150.00		
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE		
TITLE NAME STREET ADDRESS GITY-ST-ZIP				IN .	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
TITLE							

12. I hereby certify that the information supplied with this filling 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:	Managel	ochoa	9-11/	2~_	07
	SIGNATURE AND TYPED OR PRINTED NAME OF	SIGNING OFFICER OR DIRECTOR		Date	Dayline Phone #