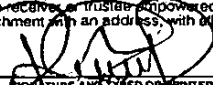


FILED
Feb 08, 2005 8:00 am
Secretary of State

01-12-2005 90003 038 ***150.00

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P00000062369		
1. Entity Name CARNICERIA LA CALENTANA, INC.		
Principal Place of Business 4822 NORTH HIGHWAY 17 DELEON SPRINGS, FL 32130		Mailing Address 4822 NORTH HIGHWAY 17 DELEON SPRINGS, FL 32130
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent ALEJO, REYNA 4822 NORTH HWY 17 DE LEON SPRINGS, FL 32130		66001325  01102005 No Chg-P CR2E034 (10/03) 4. FEI Number 59-3683765 Applied For Not Applicable 5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required
DO NOT WRITE 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. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE _____ (NOTE: Registered Agent; signature required when reinstating) DATE _____ Signature, typed or printed name of registered agent and title if applicable.		
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
DO NOT WRITE IN THIS SPACE		
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD ALEJO, REYNA 4822 NORTH HIGHWAY 17 DELEON SPRINGS, FL 32130	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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 or without other like empowered.		
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		2-3-05 Date Daytime Phone #