

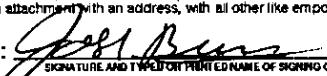


**FILED**  
**Mar 10, 2003 8:00 am**  
**Secretary of State**

03-10-2003 90186 022 \*\*\*150.00

**2003 FOR PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

<b>DOCUMENT # P00000115416</b>			
1. Entity Name <b>LA LECHONERA LATINA, INC.</b>			
Principal Place of Business 9850 E. COLONIAL DR. ORLANDO, FL 32817		Mailing Address 9850 E. COLONIAL DR. ORLANDO, FL 32817	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number <b>59-3687498</b>		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HERNANDEZ, AMPARO 1105 CONSTANTINE DR. ORLANDO, FL 32825		Name Street Address (P.O. Box Number Is Not Acceptable) City <b>FL</b> 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 _____		DATE _____	
<small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>		<small>NOTE: Registered Agent signature required when reinstating</small>	
		9. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees, Trust Fund Contribution.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	DP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, AMPARO	NAME	
STREET ADDRESS	1105 CONSTANTINE DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURDIER, JOSE A	NAME	
STREET ADDRESS	1105 CONSTANTINE DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOURDIER, JOSE A	NAME	
STREET ADDRESS	1105 CONSTANTINE DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, AMPARO	NAME	
STREET ADDRESS	1105 CONSTANTINE DR.	STREET ADDRESS	
CITY-ST-ZIP	ORLANDO, FL 32825	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		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 all other like empowered.			
SIGNATURE: 		Date: <b>3/5/03</b> (407) 948-0504	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

80051429



CHECK HERE IF MAKING CHANGES

CFR2E034 (10/02)