ANNUAL REPORT (AR)

## DOCUMENT # P01000014598 **FILED** Feb 19, 2007 08:00 AM LA FONDITA DEL MEDIO, INC. **Secretary of State** Principal Place of Business Mailing Addross 1939 W 60TH ST 1939 W 60TH ST HIALEAH FL 33012 HIALEAH FL 33012 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suito. Apt. #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/06) City & State City & State 4. FEI Number Applied For 65-1075678 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BIANCO, ROSA E Street Address (P.O. Box Number is Not Acceptable) 1939 W 60TH ST HIALEAH FL 33012 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 Signature, typed or printed neme of registered agent and life if applicable INOTE: Registered Agent signature required when reinstature) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2007 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. ☐ Change Addition THU ☐ Defete THE BIANCO, ROSA E U00000641560 NAME NAME 1939 W 60TH ST 03/01/07-80004-009 150.00 STREET ADDRESS STREET ADORESS HIALEAH FL 33012 CHY-SI-7/P CHY-SI-ZIP ☐ Change ☐ Addition 11111 Delete MILE NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-2IP CITY-SI-ZIP Change THUE Delete IIILE IX Addition NAME NAMI STREET ADDRESS STREET ADDRESS CITY ST 7/P CITY-ST-ZIP Addilion TITLE ☐ Defete TITLE. ☐ Change NAME NAME STREET ADORESS STREET ADDRESS CDY-S)-ZiP CITY-ST-ZIP ☐ Change Addition MILE Delete min, NAME NAME STREET ADDRESS STRUCT ADDRESS CHY-S1-209 CITY-SI-7IP Defere ШГ Change Addition NAME NAM! STHEET ADDRESS STREET ADDRESS CHY-SI-AP City-SI-7P 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.