

FILED
May 17, 2004 8:00 am
Secretary of State

04-28-2004 90303 003 ***150.00

2004 FOR PROFIT CORPORATION
ANNUAL REPORT

DOCUMENT # P01000031550			
1. Entity Name LA CURVA LATINA, INC.			
Principal Place of Business 2315 W. LINEBAUGH AVE. TAMPA, FL 33612		Mailing Address 2315 W. LINEBAUGH AVE. TAMPA, FL 33612	
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 52-2360415		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DIEZ, FELIX A. 10819 ROUNDVIEW LANE TAMPA, FL 33624		7. Name and Address of New Registered Agent Name Dionisia Fernandez Street Address (P.O. Box Number is Not Acceptable) 4202 W Waters Avenue, Suite 4 City Tampa FL Zip Code 33614	
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 Dionisia Fernandez  DATE 4/23/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution ☐ \$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	ST RESTREPO, GLORIA 2315 W. LINEBAUGH AVE TAMPA, FL 33612 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Mario Munoz 2315 W. Linebaugh Ave Tampa, FL 33612 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MARIN, ADRIANA 2315 W LINEBAUGH AVE. TAMPA, FL 33612 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	RESTREPO, CARLOS Vic-P ☒ Change ☐ Addition 2315 W. Linebaugh Ave. Tampa, FL 33612
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RESTREPO, CARLOS 2315 W LINEBAUGH AVE. TAMPA, FL 336123 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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:  04/23/04 (813) 930-8826		Date Daytime Phone	