## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OF

## May 02, 2005 8:00 am Secretary of State DOCUMENT # P01000032498 05-02-2005 90475 009 \*\*\*150.00 1. Entity Name LA ESTANCIA, INC. Principal Place of Business Mailing Address 1328 N JOHN YOUNG BLVD 1328 N JOHN YOUNG BLVD KISSIMMEE, FL 34744 KISSIMMEE, FL 34744 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01142005 Chg-P CR2E034 (10/03) City & State City & State 4. FEI Number Applied For 52-2302717 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDARCIA, WENDY 746 COUNTRY WOODS CIRCLE Street Address (P.O. Box Number is Not Acceptable) KISSIMMEE, FL 34744 City 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. 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, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. PD TITLE ☐ Delete TITLE Change ☐ Addition ANDARCIA, WENDY NAME NAME STREET ADDRESS 746 COUNTRY CWOODS CIRCLE STREET ADDRESS City-St-7iP KISSIMMEE, FL 34744 CITY-ST-ZIP TITLE ☐ Delete ☐ Change TITLE Addition: PIEDRAHITA, ZULAY NAME NAME STREET ADDRESS 1328 N JOHN YOUNG BLVD STREET ADDRESS KISSIMMEE, FL 34744 CITY-ST-ZIP CITY+ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Oelete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 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.

FILED

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