


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jun 13, 2006 08:00 AM
Secretary of State

DOCUMENT # P01000036036 1. Entity Name LA PIAGGIA, INC.	
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Principal Place of Business 1000 SOUTH POINT DRIVE MIAMI BEACH, FL 33139-7305 US	Mailing Address 1000 SOUTH POINT DRIVE MIAMI BEACH, FL 33139-7305 US
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DO NOT WRITE IN THIS SPACE



05292006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1091503	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**PIERRE, ESCANES
1000 SOUTH POINT DR
BAY HARBOR ISLAND
MIAMI BEACH, FL 33139**

**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 _____

FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006	9. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD PASCAL, ROBERT 1000 SOUTH POINT DRIVE MIAMI BEACH, FL 33139
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**DO NOT WRITE
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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 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: ROBERT PASCAL ESCANES **05/29/2006** **305 674-0883**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #