


2008 FOR PROFIT CORPORATION ANNUAL REPORT


FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90138 011 ***150.00

DOCUMENT # P01000053197		
1. Entity Name LA CASITA CUBANA CORP.		

Principal Place of Business 14204 S.W. 276 WAY MIAMI, FL 33032	Mailing Address 14204 S.W. 276 WAY MIAMI, FL 33032
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

	
04302008 Chg-P	CR2E034 (12/06)
4. FEI Number 65-1110559	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent	
NUNEZ, ROLANDO 14204 S.W. 276 WAY MIAMI, FL 33032	

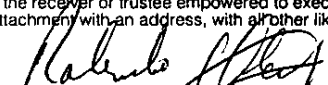
7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

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
(NOTE: Registered Agent signature required when reinstating)	

FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	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	PD <input type="checkbox"/> Delete
NAME	NUNEZ, ROLANDO
STREET ADDRESS	14204 S.W. 276 WAY
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	STD <input type="checkbox"/> Delete
NAME	NUNEZ, MARISELA
STREET ADDRESS	14204 S.W. 276 WAY
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	VD <input type="checkbox"/> Delete
NAME	FARINAS, JAVIER
STREET ADDRESS	621 S.W. 66 AVENUE
CITY-ST-ZIP	MIAMI, FL 33144
TITLE	SD <input type="checkbox"/> Delete
NAME	NUNEZ, DANIEL
STREET ADDRESS	14204 S.W. 276 WAY
CITY-ST-ZIP	MIAMI, FL 33032
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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: 	04/21/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #