2008 FOR PROFIT CORPORATION

Apr 21, 2008 08:00 AN Secretary of State **ANNUAL REPORT** DOCUMENT # P01000056043 1. Entity Name LA NONA INC. Principal Place of Business Mailing Address 2024 WEST FLAGLER STREET 2024 WEST FLAGLER STREET MIAMI, FL 33135 MIAMI, FL 33135 No Chg-P CR2E034 (11/05) 03082008 DO NOT WRITE IN THIS SPACE Applied For 4. FEi Number 65-1111812 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent DO NOT WRITE ALMONTE, DERQUI 2024 WEST FLAGLER STREET MIAMI, FL 33135 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. HANAAA 12247 Signature, typed or printed name of registered epent and title if applicable (NOTE: Registered Agent signature required when reinstating) <u>aszāājāā pāöbe 016 150.</u> 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2008 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME ALMONTE, DERQUI STREET ADDRESS 2024 W. FLAGLER STREET MIAMI, FL 33135 CITY - ST - ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRIT CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME

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 peseiver 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 attagment with an address, with all other like empowered.

SIGNATURE

STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

FILED