

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

FILED

06 APR 26 AM 11:48

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1082

DOCUMENT # **PO 1000097708**

1. Entity Name

**LA FARRA ENTERTAINMENT GROUP**



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**13931 SW 122 AV.**

Suite, Apt. #, etc.

**#107**

City & State

**MIAMI FL**

Zip

**33186**

Country

**USA**

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

**REINSTATEMENT 05-06**

DO NOT WRITE IN THIS SPACE

WOP

4. FEI Number

**65115725A**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

7. Name and Address of Current Registered Agent

Name **ANA P. BERRIO**

Street Address (P.O. Box Number is Not Acceptable)

**13931 SW**

**122 AV. # 107**

City **MIAMI**

FL

Zip Code **33186**

**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

*Ana P. Berrio*

Signature, hand or printed name of registered agent and the filer, applicable

(NOTE: Registered Agent signature required effect reinstating)

DATE

**600074537926**

**05/15/06--01004--011 \*\*300.00**

January 1 - May 1 Fee is \$150.00

After May 1, Fee is \$250.00

Amended UBR is \$61.25

Make Check Payable to Florida Department of State

9. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	<b>PD</b>
NAME	<b>ANAPBERRIO</b>
STREET ADDRESS	<b>13931 SW 122 AV. #107</b>
CITY-STATE-ZIP	<b>MIAMI FL 33186</b>
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
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STREET ADDRESS	
CITY-STATE-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

CR26034B (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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 on an attachment with an address, with all other filer empowered.

SIGNATURE:

*Ana P. Berrio*

PRINT NAME AND TYPE OF PRINTED NAME OF SIGNER OFFICER OR DIRECTOR

Date

Corporate Phone #

2 of 2

Division of Corporations  
P.O. BOX 6327  
Tallahassee, FL 32314

Per instructions from the Division of Corporations, I am attaching a check, in the amount of \$300.00 for the annual report fee with my application.

Due to our change of address we did not receive the U.B.R. for the years 2005-2006 or any other notice from the Division of Corporations in respect with the Corporation **LA FARRA ENTERTAINMENT GROUP, INC.**

Thank you for your courtesy in this matter.

  
**ANA P. BERRIO**  
**PRESIDENT**