## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT # P02000020937

1. Entity Name
LA CUARTA JOTA, INC.



FILED
Jan 20, 2006 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

ATURE AND STREET OR PORTED HAME OF SIGNING OFFICER OR DIRECTOR

1920 SE 145 STREET SUMMERFIELD, FL 34491 1920 SE 145 STREET SUMMERFIELD, FL 34491



## DO NOT WRITE IN THIS SPACE

01142006 No Chg-P CR

CR2E034 (11/05)

4. FEI Number 38-3643907 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

SUAREZ, JAVIER 1920 SE 145 STREET SUMMERFIELD, FL 34491

SIGNATURE:

## DO NOT WRITE IN THIS SPACE

Date

Daytime Phone #

| 8. The above hamed 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 relistating)  DATE   |   |  |     |                                |  |
| FILE NUNNIII FEE 13 3/1301.00 /   |   | Election Campaign Finance     Trust Fund Contribution. | ~ — | \$5.00 May Be<br>Added to Fees | 1100000332369<br>61/24/06-80076-012 150.00 |
| 10.   | OFFICĒRS AND DIRĒC  | TŌRS   |     |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | PD<br>SUAREZ, JAVIER<br>1920 SE 145 STREET<br>SUMMERFIELD, FL 34491 |  |     | •                              |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |     |                                |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |     | DO                             | NOT WRITE                                  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |   |  |     | IN '                           | THIS SPACE                                 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP   |   |  |     |                                |  |
| TITLE NAME STREET ADDRESS GITY-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 of trustee emperied to execute this report as received 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. |   |  |     |                                |  |