

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90394 035 \*\*\*150.00

**DOCUMENT # P02000024995**

1. Entity Name  
**ESTRATEGIA HISPANA, INC.**



Principal Place of Business  
**4150 N.W. 7 STREET  
SUITE 204  
MIAMI, FL 33126**

Mailing Address  
**4150 N.W. 7 STREET  
SUITE 204  
MIAMI, FL 33126**

2. Principal Place of Business  
**20233 NE 16 PL.**

3. Mailing Address  
**20233 NE 16 PL.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04182006

Chg-P

CR2E034 (11/05)

City & State  
**Miami**

City & State  
**Miami**

4. FEI Number  
**03-0408747**

Applied For  
☐ Not Applicable

Zip  
**33179**

Country  
**FL**

Zip  
**33179**

Country  
**FL**

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**VALENCIA, ANDRES F  
14800 S.W. 139 AVENUE  
MIAMI, FL 33186**

Name  
**Valencia, Andres F.**

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

**20233 NE 16 PL.**

City  
**Miami**

**FL**

Zip Code  
**33179**

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

*[Signature]*

*April 19/06*

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
VALENCIA, MARIO  
14800 SW 139 AVE  
MIAMI, FL 33186** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**PD  
Valencia, Andres F.  
20233 NE 16 PL.  
Miami, FL 33179** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
VALENCIA, ANDRES F  
14800 SW 139 AVE  
MIAMI, FL 33186** ☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**VD  
Valdes, Juan Pablo  
20233 NE 16 PL.  
Miami, FL 33179** ☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Change ☐ Addition

TITLE  
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☐ Change ☐ Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #