

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

APPROVED  
AND  
FILED

DOCUMENT # P02000048368

1. Entity Name  
LA CAMPINA DE KISSIMMEE, INC.



Principal Place of Business  
2469 MICHIGAN AVE.  
KISSIMMEE, FL 34744

Mailing Address  
2469 MICHIGAN AVE.  
KISSIMMEE, FL 34744

06 SEP 15 AM 10:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



09122006 No Chg-P CR2E034 (11/05)

4. FEI Number 01-0732384	Applied For
	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE IN THIS SPACE**

6. Name and Address of Current Registered Agent

ALVAREZ, MIGUEL A  
2469 MICHIGAN AVE.  
KISSIMMEE, FL 34744

**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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

0000079941550  
09/19/06 01020 017 \*\*150.00  
DATE

**FILE NOW!!! FEE IS \$150.00  
Due by September 15, 2006**

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

In accordance with s. 607.193(2)(b), F.S., the  
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE P  
NAME ALVAREZ, MIGUEL A  
STREET ADDRESS 2469 MICHIGAN AVE.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE V  
NAME ALVAREZ, MARTHA L  
STREET ADDRESS 2469 MICHIGAN AVE.  
CITY-ST-ZIP KISSIMMEE, FL 34744

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

9/15/06