

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 01, 2006 8:00 am**  
**Secretary of State**

05-01-2006 90343 039 \*\*\*150.00

<b>DOCUMENT # P02000094158</b>					
<b>1. Entity Name</b> LA NICA MARKET, INC.					
<b>Principal Place of Business</b> 4545 NW 7TH STREET #2 MIAMI, FL 33126			<b>Mailing Address</b> 9421 SW 21ST STREET MIAMI, FL 33165		
<b>2. Principal Place of Business</b> 4545 NW 7TH ST Suite, Apt. #, etc. SUITE 5 City & State MIAMI, FL Zip 33126 Country USA		<b>3. Mailing Address</b> 4545 NW 7TH ST Suite, Apt. #, etc. SUITE 5 City & State MIAMI FL Zip 33126 Country USA			
04272006    Chg-P    CR2E034 (11/05)		<b>4. FEI Number</b> 32-0029814			
<b>5. Certificate of Status: Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		<b>Applied For</b> Not Applicable			
<b>6. Name and Address of Current Registered Agent</b> CASTRO, DAVID 80 NW 24 CT MIAMI, FL 33125			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City FL    Zip Code		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating)    DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP CASTRO, DAVID 80 NW 24 CT MIAMI, FL 33125	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS CENTENO, MARINA D 80 NW 24 CT MIAMI, FL 33125	<input type="checkbox"/> Delete			
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<b>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.</b>			<b>SIGNATURE:</b> <i>X Daniel Castro</i> <b>4/27/06 (786) 621-0729</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date    Daytime Phone #		