2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # P02000094158 1. Enlity Name LA NICA MARKET, INC.				05-01-2006 90343 039 ***150.00			
Principal Plac	e of Business	Mailing Address					
4545 NW 7TH STREET #2 9421 SW 21ST STREET MIAMI, FL 33126 MIAMI, FL 33165							
O Driverie of D	No. of Dunisasa	3 Mailing Address					
2. Principal Place of Business 77H 57 4545NW 77H						BB	
Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc. Suite, Apt. #, etc.			5	04272006	Chg-P	CR2E034 (11/	(05)
All AC	11 F/-	Mi Par 1 F	·	4. FEI Number 32-00298	14		Applied For Not Applicable
Zip 33	126 Country	Zip 77.12 /	Country USA	5. Certificate of		□ \$8.75	Additional
	6. Name and Address of Current I		•	7. Name and Ad	Idress of New R		1
CASTRO	DAVID		Name				
CASTRO, DAVID 80 NW 24 CT MIAMI, FL 33125			Street Address	Street Address (P.O. Box Number is Not Acceptable)			
1412 (1611, 1 2							
			City			FL	Code
	named entity submits this statement for tions of registered agent.	the purpose of changing its re	gistered office or regis	tered agent, or both,	in the State of Flo	orida. I am familiar	with, and accept
SIGNATURE	Signature, typed or printed name of registered agent a	NOTE O	legistered Agent signature requi			DATE	
	signature, typed or printed name of registered agent a	and the trapplicative: (NOTE: N	edizieren Afteri siñuarne redni	ired when remarking)		DAIL	
		I					
FIL After M	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contribu		5.00 May Be dded to Fees			
After M	ay 1, 2006 Fee will be \$550.0	Trust Fund Contribu	ution. A	dded to Fees	IANGES TO OFF	ICERS AND DIREC	
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2. Thereby certify that the minormation supplied with this tilling does not idealing for the exemptions comained in Chapter 119, Profind statutes. Further certify that the minormation 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: X

SQNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/27/06 (786)-621-0729