


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2004 8:00 am
Secretary of State

05-05-2004 90200 007 ***150.00

DOCUMENT # P02000110626 1. Entity Name LA KATA, INC.			
Principal Place of Business 801 BRICKELL KEY BLVD UNIT 702 MIAMI, FL 33131		Mailing Address 1001 BRICKELL BAY DR 1604 MIAMI, FL 33131	
2. Principal Place of Business 520 Brickell Key Dr Suite, Apt. #, etc. Suite 0-305 City & State Miami FL Zip 33131 Country USA		3. Mailing Address 520 Brickell Key Dr Suite, Apt. #, etc. Suite 0-305 City & State Miami FL Zip 33131 Country USA	
4. FEI Number 20-1052758		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BRITO, LEONARDO F 1001 BRICKELL BAY DR STE 2112 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Transglobal Corporate Administration, L.L.C. Street Address (P.O. Box Number is Not Acceptable) 520 Brickell Key Drive, Suite 0-305 City Miami State FL Zip Code 33131	
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 <i>[Signature]</i> DATE 4/29/04 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PSTD ADAMS, DANIEL H 801 BRICKELL KEY BLVD UNIT 702 MIAMI, FL 33131	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 a power of attorney.			
SIGNATURE: <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date 04/29/04 Daytime Phone # 305 3743800	