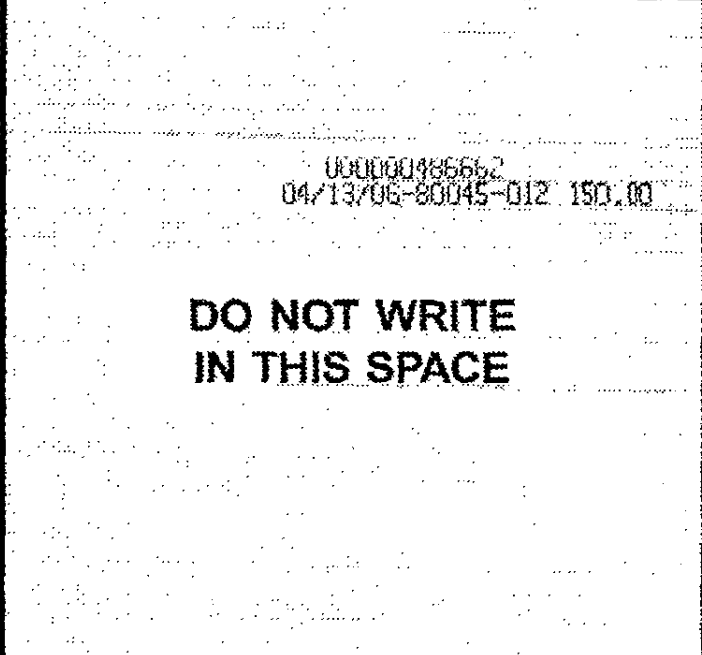


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 31, 2006 08:00 AM
Secretary of State

DOCUMENT # P02000111503			
1. Entity Name DISTRIBUIDORA LA CUISINE, INC.			
Principal Place of Business 10 VENETIAN WAY, #1401 MIAMI, FL 33139-8833	Mailing Address 10 VENETIAN WAY, #1401 MIAMI, FL 33139-8833		
DO NOT WRITE IN THIS SPACE			
		03282008 No Chg-P CR2E034 (11/05)	
		4. FEI Number 52-2385794	Applied For ☐ Not Applicable
		5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent GAUBEKA, JOSU 10 VENETIAN WAY, #1401 MIAMI, FL 33139-8833		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 resigning) 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			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS GAUBEKA, JOSU 10 VENETIAN WAY, #1401 MIAMI, FL 331398833		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GAUBEKA, DOLORES 10 VENETIAN WAY, #1401 MIAMI, FL 331398833		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			
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 807, 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 3/28/06 Daytime Phone # 305-418-0010	