

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P03000036760 1. Entity Name LA GROTTA, INC.						FILED SECRETARY OF STATE DIVISION OF CORPORATION 04 JUL -6 AM 11:11	
Principal Place of Business 2101 ATLANTIC SHORES BLVD #304 HALLANDALE BEACH, FL 33009				Mailing Address 2101 ATLANTIC SHORES BLVD #304 HALLANDALE BEACH, FL 33009			
2. Principal Place of Business		3. Mailing Address		 07022004 Chg-P CR2E034 (10/03)			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 75-3115179				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
8. Name and Address of Current Registered Agent DIAZ, ARNALDO R 2101 ATLANTIC SHORES BLVD #304 HALLANDALE BEACH, FL 33009				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>			
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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS DIAZ, ARNALDO R 2101 ATLANTIC SHORES BLVD #304 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	800039125838 07/14/04--01046--004 **1200.00 <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT HIDALGO, YOTANA M 2101 ATLANTIC SHORES BLVD #304 HALLANDALE BEACH, FL 33009 <input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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 all other like empowered.							
SIGNATURE: 				ARNALDO ROSA DIAZ PRESIDENT			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date		Daytime Phone # (786) 556-8597	