2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P03000061065

1. Entity Name
PRODUCTOS DE LA SIERRA CORP.

FILED
07 DEC 13 AM 9:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12102007 Chg-P CR2E034 (12/06)

Principal Place of Business	Mailing Address
2177 NW 24 COURT MIAMI, FL 33142	2177 NW 24 COURT MIAMI, FL 33142

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 14-1886510 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Joaquin Gongora 1226 S.W. 74 Court MIami, Florida 33144	Name: Gonzalez, Paulia E. Street Address (P.O. Box Number is Not Acceptable): 1905 West 72 Street City: Hialeah FL Zip Code: 33014

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: Paulina E. Gonzalez 12-14-07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $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	PD GONGORA, JOAQUIN 1226 SW 74TH CT MIAMI, FL 33144	☒ Delete	PD Gonzalez, Paulina E. 1905 West 72 Street Hialeah, Fl. 33014	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARCHISONE, OSCAR P 1666 WEST AVENUE MIAMI BEACH, FL 33139	☐ Delete	200113405832 12/26/07--01050--005 **61.25	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD HIGUITA, JOSE F 1905 W. 72 STREET HIALEAH, FL 33014	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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.

SIGNATURE: Paulina E. Gonzalez 12/14/07 3058847339
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

jc 12/20