


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 03, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000070355		
1. Entity Name LA REVOLTOSA TWO, INC.		
Principal Place of Business 10470 S.W. 96TH STREET MIAMI, FL 33176	Mailing Address 10470 S.W. 96TH STREET MIAMI, FL 33176	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILAGROS, PALCO 10470 SW 96 ST MIAMI, FL 33176		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>		DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P PARDO, MILAGROS 10470 S.W. 96TH STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V PARDO, FRANCISCO 10470 S.W. 96TH STREET MIAMI, FL 33176	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARDO, DAVID 10470 S.W. 96TH STREET MIAMI, FL 33176	
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 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: <u><i>Milagro Pardo</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



03292006 No Chg-P CR2E034 (11/05)

4. FEI Number
56-2379072

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

000000488420
04/17/06-80006-007 150.00

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IN THIS SPACE**

3/31/06 305-551-7707
Date Daytime Phone