2007 FOR PROFIT CORPORATION

FILED Apr 26, 2007 8:00 am Secretary of State

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1. Entity Nam	DOCUMENT # P03000071310 L. Entity Name LA CURBITA, INC.							04-26-2007 90180 040 ***				0.00	
Principal Place of Business			Maili	Mailing Address				. 0 6	vo 2035				
4109 HWY 574 PLANT CITY, FL 33566			3421 W CYPRESS ST TAMPA, FL 33607			40082035							
Principal Place of Business - No P.O. Box #			3. Ma	3. Mailing Address									
Suite, Apt. #, etc.			Sui	Suite, Apt. #, etc				01172007	Chg-P	CR2E034	(12/06)		
City & State		Cit	City & State			4. FEI Number 59-3137003					plied For t Applicable		
Zip		Country	Zip)	Country			5. Certificate	of Status Desired		8.75 Add e Required		
	6. Name	and Address of Curre	nt Register	red Agent		N	,	7. Name and	d Address of New	Registered Ag	ent		
ASTELLO, OSCAR 4109 HWY 574 PLANT CITY, FL 33566						Name LETICIA MANUING Street Address (P.O. Box Number is Not Acceptable)							
. 2 3, . 2 33333						City	4/09 Hwy 574						
		ty submits this statemen	t for the pur	pose of changing its	registere	1 7	LAN register		oth, in the State of F	FL lorida. Lam far	niliar with,	5.66 and accept	
the obligations of registered agent. SIGNATURE													
Oldivation	Signature typed	for printed name of registered ag	ent and title if ac	opicable (NOT	E Registere	d Agent signat	ure required	when reinstating)		DATE			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees													
10.		OFFICERS A	ND DIRECTO		11.		1	ADDITIONS	/CHANGES TO OF	FICERS AND D	IRECTORS	S IN 11	
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12. I hereby certify that the information specified with this fifting 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 of true see 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 any efficiency, with all other fixed ship two leds.													
SIGNATURE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daviere Prove #													