


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 20, 2004 8:00 am**  
**Secretary of State**

02-20-2004 90013 043 \*\*\*150.00

<b>DOCUMENT # P03000076614</b> 1. Entity Name <b>LA CIGALA INC.</b>					
Principal Place of Business <b>4101 FOREST DR WESTON, FL 33332 US</b>			Mailing Address <b>4101 FOREST DR WESTON, FL 33332 US</b>		
2. Principal Place of Business <b>2723 HOLLYWOOD BLVD.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2723 HOLLYWOOD BLVD.</b> Suite, Apt. #, etc.			
City & State <b>HOLLYWOOD, FL</b> Zip Country <b>33020</b>		City & State <b>HOLLYWOOD, FL</b> Zip Country <b>33020</b>		4. FEI Number <b>20-0090849</b> Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>				02032004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>RIMADA, MAXIMINO 4101 FOREST DR WESTON, FL 33332</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code		
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 reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIMADA, MAXIMINO</b> <b>4101 FOREST DR</b> <b>WESTON, FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOS SANTOS, ANTONIO</b> <b>4101 FOREST DR</b> <b>WESTON, FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOS SANTOS, GILBERTO</b> <b>4101 FOREST DR</b> <b>WESTON, FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DOS SANTOS, JUAN J</b> <b>4101 FOREST DR</b> <b>WESTON, FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>RIMADA, ANTONIO</b> <b>4101 FOREST DR</b> <b>WESTON, FL 33332</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERRIZBEITIA, ALEJANDRO</b> <b>4101 FOREST DR</b> <b>WESTON, FL 33332</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>TREASURER</b> <b>CARMEN M. HERNANDEZ</b> <b>3885 TREE TOPE DR.</b> <b>WESTON, FL 33332</b>		
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: <i>[Signature]</i> <b>02/03/04</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					