


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Mar 02, 2006 08:00 AM  
Secretary of State**

DOCUMENT # P03000093862 1. Entity Name BORN TO SALSA INC.	
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Principal Place of Business 12803 SW 48TH TERRACE MIAMI, FL 33175	Mailing Address 12803 SW 48TH TERRACE MIAMI, FL 33175
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02242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 20-0185363	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  JOSE, GUTIERREZ L 12803 SW 48TH TERRACE MIAMI, FL 33175
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<b>DO NOT WRITE IN THIS SPACE</b>
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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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPI GUTIERREZ, JOSE L 12803 SW 48TH TERRACE MIAMI, FL 33175
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALDEA, E. EFRAIN 272 NE 54TH STREET #3 MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPII FUENTES, I. FRANCISCO 301 SW 135 AVE. MIAMI, FL 33137
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/14/06-80028-009 150.00

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: *[Signature]* 2/22/06 786251-5440  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #