

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

04-14-2008 90046 014 \*\*\*150.00

<b>DOCUMENT # P03000137504</b> 1. Entity Name <b>A LA MODA #2, INC.</b>					
Principal Place of Business <b>1550 WEST 84 ST #36 HIALEAH, FL 33014</b>			Mailing Address <b>1550 WEST 84 ST #36 HIALEAH, FL 33014</b>		
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 <b>20-0622210</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>GONZALEZ, CONRADO 1550 W 84 ST. HIALEAH, FL 33014</b>				7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> 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 re-statuting) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 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>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GONZALEZ, CONRADO 1550 W 84 ST. HIALEAH, FL 33014		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP CABALLERO, MAYRA 1550 W. 84 ST. HIALEAH, FL. 33014	
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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 the address, with all other like empowered.					
<b>SIGNATURE: CONRADO GONZALEZ</b> <b>2-18-08</b> <b>305-817-1900</b>					