


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90184 037 ***158.75

DOCUMENT # P04000030778		
1. Entity Name LA VIRGEN AYUDA, FOOD SERVICE, INC.		

Principal Place of Business 1441 EAST 9 COURT HIALEAH, FL 33010	Mailing Address 1441 EAST 9 COURT HIALEAH, FL 33010
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2. Principal Place of Business 633 EAST 30TH ST.	3. Mailing Address SAME
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State HIALEAH FLORIDA	City & State
Zip 33013	Country U.S.

6. Name and Address of Current Registered Agent	
MANUEL SALADO 1441 EAST 9 COURT HIALEAH, FL 33010	

40064100



04122006 Chg-P CR2E034 (11/05)

4. FEI Number 75-1695421	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
633 EAST 30TH STREET	
City HIALEAH	FL Zip Code 33013

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 _____ FEB 10 2006
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

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
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SALADO, MANUEL 1441 EAST 9 COURT HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 633 EAST 30TH STREET HIALEAH, FLORIDA 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MORAN, MARIA Y 1441 EAST 9 COURT HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 633 EAST 30TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S SALADO, MANUEL 1441 E 9 CT HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 633 EAST 30TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TRES MORAN, MARIA Y 1441 E 9 CT HIALEAH, FL 33010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ADDRESS ONLY <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 633 EAST 30TH STREET HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: _____ FEB 10 2006 786-514-7304
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #