FILED
Sep 08, 2008 8:00 am
Secretary of State
08-22-2008 90001 007 ***550.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P04000054723

1. Entity Name
LA PIAZZA FLORIDA INC.

66016388

Principal Place of Business	Mailing Address
520 BRICKELL DEY DR SUITE 0-305 MIAMI, FL 33131	520 BRICKELL DEY DR SUITE 0-305 MIAMI, FL 33131

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
1000 Brickell Avenue	1000 Brickell Avenue
Suite, Apt. #, etc.: Suite 215	Suite, Apt. #, etc.: Suite 215
City & State: Miami, FL	City & State: Miami, FL
Zip: 33131 Country:	Zip: 33131 Country:

07092008 Chg-P CR2E034 (12/06)

4. FEI Number: 20-0928305 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
TRANSGLOBAL CORPORATE ADMINISTRATION, INC.
520 BRICKELL DEY DR SUITE 0-305
MIAMI, FL 33131

7. Name and Address of New Registered Agent
Name: Corporate Maintenance Services
Street Address (P.O. Box Number is Not Acceptable): 1000 Brickell Avenue
Suite 215
City: Miami FL Zip Code: 33131

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: Marco E Rojas 9/3/08
Signature, typed or printed name of registered agent and title if applicable.
Corporate Maintenance Services LLC

FILE NOW!!! FEE IS $550.00
Due by September 12, 2008

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

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KUHNE, ALEJANDRO M 520 BRICKELL DEY DR SUITE 0-305 MIAMI, FL 33131	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Kuhne, Alejandro M 1000 Brickell Avenue, Suite 215 Miami, FL 33131	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Alejandro Kuhne 8/17/08 305-849-1500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #