


2006 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P04000137812		
1. Entity Name LA CASA SIERRA MEAT MARKET CORP.		

Principal Place of Business 1704 N. HOWARD AVENUE TAMPA, FL 33607	Mailing Address 1704 N. HOWARD AVENUE TAMPA, FL 33607
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2. Principal Place of Business		3. Mailing Address P.O. Box 1193	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State Land O' Lakes, FL	
Zip	Country	Zip 34639-1193	Country



REINSTATEMENT
02242006 REIN-P CR2E098 (1105-06)

6. Name and Address of Current Registered Agent SIERRA, ROGELIO 1704 N. HOWARD AVENUE TAMPA, FL 33607		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code	

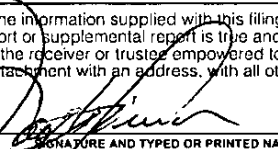
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$300.00	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SIERRA, ROGELIO 1704 N. HOWARD AVENUE TAMPA, FL 33607 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300067945383 03/16/06--01006--021 **300.00
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
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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:  ROGELIO SIERRA - President 2/24/06 813-251-0371

DATE: 2/24/06