2006 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: ∑

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 19, 2006 8:00 am Secretary of State DOCUMENT # P04000172601 04-19-2006 90100 031 ***150.00 1. Entity Name LA CAMARA QUE VENDE, INC. Principal Place of Business Mailing Address 20032744 415 W VINE.ST 415-W VINEST KISSIMMEE, FL 34741 KISSIMMEE, FL 34741 2. Principal Place of Business 3. Mailing Address 417 W. Vine 57 Suite, Apt. #, etc. 417 W. VINC ST 04132006 Chg-P CR2E034 (11/05) 4. FEI Number Applied For City & State City & State 20-207 8703 Not Applicable KISSIMMER Country \$8.75 Additional 5. Certificate of Status Desired . 4741 OSCEPCA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent +19DRROA OUTIERREZ, WILLIAM Street Address (P.O. Box Number is Not Acceptable) 14067-OSPREY-LINKS-RD: APT 417 ORLANDO, FL 32837 Zip Code 3 47 4 8. The above named entity, submit this settement 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. e of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!! FEÉ IS \$150.00 Trust Fund Contribution. After May 1, 2006 Fee will be \$550.00 Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. ☐ Change ☐ Addition D TITLE TITLE Delete **GUTIERREZ, WILLIAM** NAME NAME STREET ADORESS STREET ADDRESS 14067 OSPREY LINKS RD. APT 417 CITY-ST-21P ORLANDO, FL 32837 CITY-ST-7IP ☐ Change ★ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete HILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP 12. I hereby certify that the information supplied with this filling 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 trusted employment 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. changed, or on an attachment with an address, with

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