


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 16, 2006 8:00 am
Secretary of State

02-16-2006 90035 026 ***150.00

DOCUMENT # P05000007358

1. Entity Name
LA DULCE VITTA CORP.



Principal Place of Business Mailing Address

2632 ROBERT TRENT JONES DRIVE 2632 ROBERT TRENT JONES DRIVE
 121 121
 ORLANDO, FL 32835 US ORLANDO, FL 32835 US

60016451


2. Principal Place of Business 3. Mailing Address

3432 WESTCHESTER SQ BLD #101 **3432 WESTCHESTER SQUARE BLD #101**

Suite, Apt. #, etc. Suite, Apt. #, etc.
#101 **#101**

City & State City & State
ORLANDO FL **ORLANDO FL**

Zip Country Zip Country
32835 **32835** US US



02102006 Chg-P CR2E034 (11/05)

4. FEI Number Applied For
20-2164221 Not Applicable

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

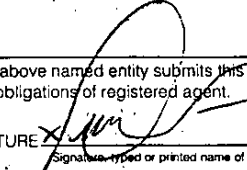
6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent

PENA, OSCAR E
 2632 ROBERT TRENT JONES DRIVE
 121
 ORLANDO, FL 32835

Name
 Street Address (P.O. Box Number is Not Acceptable)
3432 WESTCHESTER SQUARE BLD #101

City State Zip Code
ORLANDO FL 32835

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:  DATE: _____

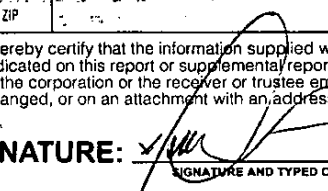
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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	P PENA, OSCAR E 2632 ROBERT TRENT JONES DRIVE #121 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3432 WESTCHESTER SQUARE BLD #101 ORLANDO FL 32835
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ROMERO, CLARISSA O 2632 ROBERT TRENT JONES DRIVE #121 ORLANDO, FL 32835 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3432 WESTCHESTER SQUARE BLD #101 ORLANDO FL 32835
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
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:  Date: **2/10/06** Daytime Phone # _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR