2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

if changed, or on an attachmen

SIGNATURE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OF DIRECTOR

SIGNATURE:

## Apr 24, 2006 08:00 AN Secretary of State DOCUMENT # P05000049310 1. Entity Name BOTANICA LA GUADALUPANA, INC. Principal Place of Business Mailing Address 1255 N. HIGHWAY # 27 1345 N. HIGHWAY #27 MOORE HAVEN FL 33471 MOORE HAVEN FL 33471 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zìp Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ALVAREZ, LOUIS M Street Address (P.O. Box Number is Not Acceptable) 1345 N. HIGHWAY # 27 MOORE HAVEN FL 33471 City 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 regretered ager SIGNATURE TE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10, 11. Delete TITLE ☐ Change Addition NAME ALVAREZ, LOUIS M NAME STREET ADDRESS 1345 N. HIGHWAY # 27 STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP ☐ Delete TITLE NAME NAME MARTIN, MIRTHA STREET ADDRESS 1345 N. HIGHWAY # 27 STREET ADDRESS CITY-ST-ZIP MOORE HAVEN FL 33471 CITY-ST-ZIP TITLE ☐ Delete ml Change Addition NAME RODRIGUEZ, MARIA V STREET ADDRESS STREET ADDRESS 1345 N. HIGHWAY # 27 NORTH CITY-ST-ZIP CITY-ST-ZIP MOORE HAVEN FL 33471 TITLE Delete ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY+ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of hustes empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11

FILED