

2006 FOR PROFIT CORPORATION ANNUAL REPORT

04-27-2006 90215 031 ***100.00

*FILE#P05000084616

SECRETARY OF STATE
DIVISION OF CORPORATIONS

06 MAY 16 AM 8:42

DOCUMENT # P05000084616

1. Entity Name
FIEBRE LATINA INC



Principal Place of Business
10129 TWIN LAKES DR.
CORAL SPRINGS, FL 33071

Mailing Address
10129 TWIN LAKES DR.
CORAL SPRINGS, FL 33071

40067854



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03212006

Chg-P

CR2E034 (11/05)

4. FEI Number

20-2989753

Applied For

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

QUINONES ESCOBAR, ZULMA J.
10129 TWIN LAKES DR.
CORAL SPRINGS, FL 33071

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

Zulma J. Escobar

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

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 PD ☐ Delete
NAME QUINONES ESCOBAR, ZULMA J.
STREET ADDRESS 10129 TWIN LAKES DR.
CITY-ST-ZIP CORAL SPRINGS, FL 33071

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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:

Zulma J. Escobar
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-26-06

(786) 318 8587

Date

Daytime Phone #