


2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P05000098217 1. Entity Name LA FAMILIA CAFE & RESTAURANT, INC.						FILED 07 AUG 23 AM 4:49 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business 1623 PROWMORE DRIVE BRANDON, FL 33511				Mailing Address 1623 PROWMORE DRIVE BRANDON, FL 33511			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.				3. Mailing Address Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
4. FEI Number APPLIED FOR 20-3237997				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent AZCONA, LUIS 1623 PROWMORE DRIVE BRANDON, FL 33511				7. Name and Address of New Registered Agent Name Blennin Azcona Street Address (P.O. Box Number is Not Acceptable) 1623 Prowmore Dr City Brandon FL Zip Code 33511			
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 <u><i>Blennin Azcona</i></u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Amended AR is \$61.25				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	PTD AZCONA, LUIS <input checked="" type="checkbox"/> Delete 1623 PROWMORE DRIVE BRANDON, FL 33511			TITLE NAME STREET ADDRESS CITY-ST-ZIP	President <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Blennin Azcona 1623 Prowmore Dr Brandon FL 33511		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD AZCONA, BLENINN <input type="checkbox"/> Delete 1623 PROWMORE DRIVE BRANDON, FL 33511			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400109596334 09/18/07--01069--025 **61.25		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD AZCONA, NASARIS <input type="checkbox"/> Delete 1623 PROWMORE DRIVE BRANDON, FL 33511			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MADERA, RITA M <input type="checkbox"/> Delete 516 KENSINGTON LK CIR BRANDON, FL 33511			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: <u><i>Blennin Azcona</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				8/14/07 <small>Date</small>		813-323-2451 <small>Daytime Phone #</small>	