

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103879

FILED  
Mar 28, 2007  
Secretary of State

Entity Name: LA FAMILIA COSMOVISION INC.

**Current Principal Place of Business:**

6392 NW 84 AVE  
MIAMI, FL 33166

**New Principal Place of Business:**

**Current Mailing Address:**

6392 NW 84 AVE  
MIAMI, FL 33166

**New Mailing Address:**

FEI Number: 20-3242646      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

OBANDO, IVAN  
6392 NW 84 AVE  
MIAMI, FL 33166      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: OBANDO, IVAN  
Address: 6392 NW 84 AVE  
City-St-Zip: MIAMI, FL 33166

Title: VP ( ) Delete  
Name: VELASQUEZ, JORGE  
Address: 6392 NW 84 AVE  
City-St-Zip: MIAMI, FL 33166

Title: ST ( ) Delete  
Name: SERRANO, ANDRES  
Address: 6392 NW 84 AVE  
City-St-Zip: MIAMI, FL 33166

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ST (X) Change ( ) Addition  
Name: VELASQUEZ, GLORIA  
Address: 6392 NW 84 AVE  
City-St-Zip: MIAMI, FL 33166

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLORIA VELASQUEZ

SC

03/28/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date