

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000103879

FILED
Apr 14, 2009
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:

VELASQUEZ, GLORIA
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: VELASQUEZ, GLORIA
Address: 6392 NW 84 AVE
City-St-Zip: MIAMI, FL 33166

Title: MGRM () Delete
Name: SERRANO, ANDRES
Address: 6392 NW 84 AV
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: () Change () Addition
Name:
Address:
City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

ST

04/14/2009

Electronic Signature of Signing Officer or Director

_____ Date