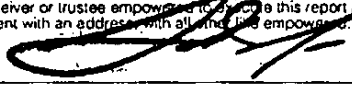


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 15, 2006 8:00 am
Secretary of State

08-03-2006 90003 015 ***150.00
07-25-2006 90021 019 ***150.00

DOCUMENT # P05000110641			
1. Entity Name LA TRATTORIA GROUP, INC.			
Principal Place of Business 1501-1619 E SILVER STAR RD ORCOEE, FL 34761		Mailing Address 1400 N SEMORAN BLVD STE G ORLANDO, FL 32807	
2. Principal Place of Business 1595 E. Silver Star Rd.		Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State Orcoee, FL		City & State	
Zip 34761	Country Orange	Zip	Country
6. Name and Address of Current Registered Agent FIGUEROA, BRENDA 2345 GREENWILLOW DR ORLANDO, FL 32825		7. Name and Address of New Registered Agent	
		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 _____ (Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing) DATE			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President Victor Gonzalez 2345 Greenwillow Dr. Orlando, FL 32825 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice-President Franco Calabrese 525 S. Conway Rd. #19 Orlando, FL 32807 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Secretary/Treasurer Santos Rivera 2001 Roberts Point Dr. Wintermere, FL 34786 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 file 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 true information.			
SIGNATURE: 		Date: 7/31/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date	

66023091



07312006 Chg-P CR2E034 (11/05)

4. FEI Number **20-3280286** Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional Fee Required