


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2006 8:00 am
Secretary of State

02-10-2006 90003 047 ***150.00

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|--|---|---|---|
| DOCUMENT # P05000110874 | |  | |
| 1. Entity Name LA ESQUINA DE CARLUCHO INC. | | | |
| Principal Place of Business 1831 SW 83 AVE MIAMI, FL 33165 | | Mailing Address 1831 SW 83 AVE MIAMI, FL 33165 | |
| 2. Principal Place of Business 1831 SW 83 AVE | | 3. Mailing Address 1831 SW 83 AVE | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State MIAMI, FL | | City & State MIAMI, FL | |
| Zip 33155 | | Country | |
| 4. FEI Number 20-3271471 | | Applied For Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent PEREZ, JOSE C 1831 SW 83 AVE MIAMI, FL 33165 | | 7. Name and Address of New Registered Agent Name PEREZ, JOSE C Street Address (P.O. Box Number is Not Acceptable) 1831 SW 83 AVE City MIAMI FL Zip Code 33155 | |
| 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>JOSE C. PEREZ, PRESIDENT</u> | | DATE <u>02/07/06</u> | |
| Signature, typed or printed name of registered agent and title if applicable. | | (NOTE: Registered Agent signature required when reinstating) | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 | | 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 | P PEREZ, JOSE C 1831 SW 83 AVE MIAMIA, FL 33165 <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | P PEREZ, JOSE C 1831 SW 83 AVE MIAMI, FL 33155 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP BOZA, RAUL 14261 SW 30TH ST MIAMI, FL 33175 <input checked="" 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 | S BETANCOURT, GASPAR 1831 SW 83 AVE MIAMI, FL 33165 <input checked="" 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 | VP JIMEDEZ, LYSNARIS 1831 SW 83 AVE MIAMI, FL 33155 <input type="checkbox"/> Change <input checked="" 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: _____ | | DATE <u>02/07/06</u> | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Daytime Phone # _____ | |