2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 30, 2007 8:00 am
Secretary of State
07-30-2007 90064 026 ***150.00

DOCUMENT # P05000130403

1. Entity Name
LA COMIDA INC.

Principal Place of Business
8885 SW 147 AVENUE #1121
MIAMI, FL 33196

Mailing Address
8885 SW 147 AVENUE #1121
MIAMI, FL 33196

60053825

07262007 Chg-P CR2E034 (12/06)

2. Principal Place of Business No P.O. Box #
Suite, Apt #, etc.
City & State
Zip | Country

3. Mailing Address
9394 S.W. 162 Path
Suite, Apt #, etc.
City & State
Miami Florida
Zip 33196 | Country U.S.A.

4. FEI Number 05-0627437 ☐ Applied For ☐ Not Applicable

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

6. **Name and Address of Current Registered Agent**

GONZALEZ, EDITH E
14501 SW 88 ST,APT #102
MIAMI, FL 33186

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 _______________ DATE

FILE NOW!!! FEE IS $150.00
Due by September 14, 2007

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	PS	☐ Delete	TITLE		☑ Change ☐ Addition
NAME	GONZALEZ, EDITH E		NAME		
STREET ADDRESS	8885 SW 147 AVENUE #1121		STREET ADDRESS	9394 S.W. 162 Path	
CITY-ST-ZIP	MIAMI, FL 33196		CITY-ST-ZIP	Miami, Florida 33196	
TITLE	VP	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	PEREZ, EVELYN		NAME		
STREET ADDRESS	14501 SW 88TH ST,APT H102		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33186		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

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: Edith Gonzalez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | Date | Daytime Phone #