

AMENDED
2007 FOR PROFIT CORPORATION
ANNUAL REPORT

08-06-2007 90033 004 ***150.00
P05000130403

FILED

07 AUG 10 PM 1:26

STATE
MIAMI, FLORIDA

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

2. Principal Place of Business - No P.O. Box #
9394 S.W. 162 Pkwy

3. Mailing Address
9394 S.W. 162 Pkwy

Suite, Apt. #, etc.

City & State
MIAMI FLORIDA

City & State
MIAMI FLORIDA

Zip
33196

Country
U.S.A.

07302007 Chg-P CR2E034 (12/06)

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 _____
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)

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

SIGNATURE [Signature] 7/24/07
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR