

2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P05000162659

Entity Name: LA CIMA DEL CIELO, INC.

FILED
Mar 07, 2007
Secretary of State

Current Principal Place of Business:

28945 SW 187TH AVE
HOMESTEAD, FL 33030

New Principal Place of Business:

Current Mailing Address:

28945 SW 187TH AVE
HOMESTEAD, FL 33030

New Mailing Address:

FEI Number: 20-3944979

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RUIZ, ANDRES I
18250 SW 288 ST
HOMESTEAD, FL 33030 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

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MONTANER, HECTOR R.
Address: 4950 PINETREE DRIVE
City-St-Zip: MIAMI, FL 33140

Title: DV () Delete
Name: RODRIGUEZ, MARLENE S.
Address: 4950 PINETREE DRIVE
City-St-Zip: MIAMI, FL 33140

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: ST () Change (X) Addition
Name: RUIZ, ANDRES I
Address: 18250 SW 288TH STREET
City-St-Zip: HOMESTEAD, FL 33030 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANDRES I RUIZ

ST

03/07/2007

Electronic Signature of Signing Officer or Director

Date