2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000002770

1 Fotity Name

LA FONTANA DEVELOPMENT CORP.



FILED
Apr 24, 2008 08:00 AN
Secretary of State

Fee Required

Principal Place of Business

7333 CORAL WAY MIAMI, FL 33155 Mailing Address

7333 CORAL WAY MIAMI, FL 33155



DO NOT WRITE IN THIS SPACE

04072008 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For 20-3940260 Not Applicable

5. Certificate of Status Desired \$8.75 Additional

6. Name and Address of Current Registered Agent

RAMIREZ, MANUEL A 1200 BRICKELL AVE STE 1440 MIAMI. FL 33131

DO NOT WRITE IN THIS SPACE

MIAMI, FL 33131			IN THIS SPACE			
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B. 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			d Agent signature	Agent signature required when reinstating) DATE		
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finar Trust Fund Contribution.			ncing	\$5.00 May Be Added to Fees	U00000919260 05/13/08-80115-0	005 150,00
10.	OFFICERS AND DIREC	CTORS		. *		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD DAVIDE, ANTHONY 7333 CORAL WAY MIAMI, FL 33155			· ·		
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12. I hereby cartify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further cartify 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: _

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HIO/OP 305 26/54

Daytime Phone #