## FILED May 31, 2007 8:00 am Secretary of State 04-20-2007 90082 036 \*\*\*150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000016493  1. Entity Name LA RUMBA OF CRESTVIEW, INC.						U20-200	<b>UUAV~~~</b>	130.00
Principal Place of Business Mailing Address 100 JOHN KING ROAD 100 JOHN KING ROAD CRESTVIEW, FL 32536 CRESTVIEW, FL 32536				   	Il equit quai etan eque for	1 ALIEL HEIL BIW BILIN 1919 F	istaat II 1231	
Principal Place of Business - No P.O. Box #     Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04112007	Chg-P	CR2E034 (12/06)	)
City & State		City & State	City & State		4. FEI Numb	<b>4</b> 35441	8 N	pplied For for Applicable
Zip	Country Zip Con		Coun	Nry		of Status Desired	□ \$8.75 Ad Fee Requir	Iditional
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent				
CHAVEZ, I	ROGELIO	Name						
100 JOHN KING ROAD CRESTVIEW FL 32536				Street Address (P.O. Box Number is Not Acceptable)				
<u>.</u>				City E1 Zip Code				
9. The share	and only or besite this statement				FL.			
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, typic or gased name & registration and title a apparature (NOTE Registrated Agent signature required when remissions)  Out E								
FILE NOWILL FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  9. Election Campaign Financing \$5.00 May Be Added to Fees								
10.		D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFI	CERS AND DIRECTOR	RS IN 11
MANE			TITLE				☐ Change	☐ Addition
STREET ADDRESS	ET ADDRESS 1000 JOHN KING ROAD ST			EFFADDRESS -ST-ZIP				
TITLE			TITLE		• •		☐ Change	☐ Addition
NAME			NAM	-				
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-ZIP				
TITLE			TITLE NAME				☐ Change	Addition
STREET ADDRESS				ET ADDRESS				
CITY-SI-AP	<u> </u>	·	City	\$1.60				
TITLE NAME	1		IITLE NAM				Change	- Addition
STREET ADDRESS				ET ADDRESS				
CITY-SI-ZIP			_	-S1-(IP				
NAME			HTLI NAM				☐ Change	Addition
STREET ADORESS				EI ADDRESS				
CITY-SI-ZIP	<u></u>	☐ Delete	TIFLE	-SI-ZIP			Change	- Carrier
NAME		C ocass	NAM	ī			□ crange	☐ Addition
STREET ADDRESS				ET ADORESS -SI-ZIP				
	certify that the information supplied w	ith this filing does not qualify to			d in Chapter 11	9. Florida Statutes 1	further certify that the i	nformation
12. Thereby certify that the information supplied with this filling 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 <a href="mailto-state-empower-ed-lo-execute-this report as required by Chapter 607">mailto-state-empower-ed-lo-execute-this report as required by Chapter 607</a> , Florida Statutes: and that my name appears in Block 10 or Block 11 if changed, or on an attachment with <a empower-ed-lo-execute-this="" href="mailto-same-empower-ed-lo-execute-this report in the empower-ed-lo-execute-this report is true and accurate and that my name appears in Block 10 or Block 11 if changed, or on an attachment with &lt;a href=" in="" is="" mailto-same-empower-ed-lo-execute-this="" report="" the="" true."="">mailto-same-empower-ed-lo-execute-this report is true.</a>								
SIGNATURE: Rogelio Chavez 5-23-7 850-685-1693								