
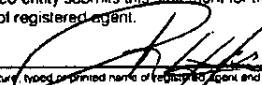
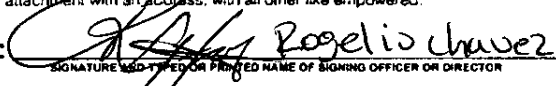


FILED
May 31, 2007 8:00 am
Secretary of State

04-20-2007 90082 040 ***150.00

**2007 FOR PROFIT CORPORATION
 ANNUAL REPORT**

DOCUMENT # P06000025852 1. Entity Name LA RUMBA OF NICEVILLE, INC.					
Principal Place of Business 1128 EAST JOHN SIMS PARKWAY NICEVILLE, FL 32578		Mailing Address 100 JOHN KING ROAD CRESTVIEW, FL 32539			
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 20-4354524	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CHAVEZ, ROGELIO 100 JOHN KING ROAD CRESTVIEW, FL 32539				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:  4-16-07 <small>Signature (handwritten or printed name of Registered Agent and title if applicable) (NOTE: Registered Agent signature required when reconstituting) DATE</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE P	NAME CHAVEZ, ROGELIO		<input type="checkbox"/> Delete		
STREET ADDRESS 100 JOHN KING ROAD	CITY-ST-ZIP CRESTVIEW, FL 32539		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE VP	NAME MALLIN, SHAWN		<input type="checkbox"/> Delete		
STREET ADDRESS 5 BEDFORD PLACE	CITY-ST-ZIP FORT WALTON BEACH, FL 32547		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE 	NAME 		<input type="checkbox"/> Delete		
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> 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 all other like empowered.					
SIGNATURE:  Rogelio Chavez 5-23-7 850-685-1643 <small>SIGNATURE (HANDWRITTEN OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE DEVICE PHONE #</small>					

66017000



04112007 Chg-P CR2E034 (12/06)