
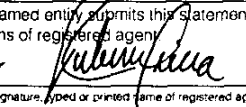
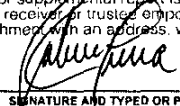


2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000062766 1. Entity Name HACIENDA LA SIERRA, INC.					
Principal Place of Business 13472 SW 40TH TERR MIAMI, FL 33175			Mailing Address 13472 SW 40TH TERR MIAMI, FL 33175		
2. Principal Place of Business - No P.O. Box # 12355 S.W. 51 STREET Suite, Apt. #, etc.		3. Mailing Address 12355 S.W. 51 STREET Suite, Apt. #, etc.			
City & State MIAMI, FLORIDA Zip 33175		City & State MIAMI, FLORIDA Zip 33175		4. FEI Number 06052007 Chg-P CR2E034 (12/06)	
Country USA		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent FLORIN, HECTOR 13472 SW 40TH TERR MIAMI, FL 33175				7. Name and Address of New Registered Agent Name RUBEN SIERRA Street Address (P.O. Box Number is Not Acceptable) 12355 S.W. 51 STREET City MIAMI FL 33175	
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  RUBEN SIERRA DATE 6/5/07 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-instating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	DPT SIERRA, RUBEN 13472 SW 49TH TERR MIAMI, FL 33175 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 300104427773 06/15/07--01036--010 **150.00	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS FLORIN, HECTOR 13472 SW 40TH TERR MIAMI, FL 33175 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME 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:  RUBEN SIERRA, PRES DATE 6/5/07 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

FILED

2007 JUN -8 AM 11:23

SECRETARY OF STATE
TALLAHASSEE FLORIDA

