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May 15, 2007 8:00 am
Secretary of State

04-16-2007 90085 016 ***150.00

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P06000087597

1. Entity Name
LA CUMBRECITA INC

Principal Place of Business	Mailing Address
3601 NE 207 ST 1103 AVENTURA, FL 33180	3601 NE 207 ST 1103 AVENTURA, FL 33180

04102007 Chg-P CR2E034 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
2560 NE 190 street		2560 NE 190 street	
Suite, Apt. #, etc.: #4		Suite, Apt. #, etc.: #4	
City & State: Miami		City & State: Miami	
Zip: Fl	Country: 33180	Zip: Fl	Country: 33180

4. FEI Number 20-5133561 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PB&A FINANCIAL SERVICES CORP 174 NE 96 ST MIAMI SHORES, FL 33138	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 ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTON, ALBERTO ANDRES 3601 NE 207 ST # 1103 AVENTURA, FL 33180	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COTTON, Alberto Andres 2560 NE 190 street # 4 Miami, Fl 33180	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROST, FLORENCIA V 3601 NE 207 ST # 1103 AVENTURA, FL 33180	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP FROST, Florencia V 2560 NE 190 street Apt# 4 Miami, Fl 33180	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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: ______________________ 04-10-07 7862627507
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #