


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2008 08:00 AM
Secretary of State

DOCUMENT # P06000093218	
1. Entity Name LA HACIENDA BED AND BREAKFAST INN INC.	

Principal Place of Business 7164 S.W. 151 CT MIAMI, FL 33193	Mailing Address 7164 S.W. 151 CT MIAMI, FL 33193
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DO NOT WRITE IN THIS SPACE

06252008 No Chg-P CR2E034 (11/05)

4. FEI Number 20-5219250	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

SANCHEZ, MAGDA
7164 S.W. 151 CT
MIAMI, FL 33193

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 Due by September 12, 2008	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.
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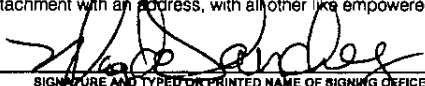
10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	DP SANCHEZ, MAGDA 7164 S.W. 151 CT MIAMI, FL 33193
TITLE NAME STREET ADDRESS CITY- ST- ZIP	DVP SANCHEZ, NEYMEE 7164 S.W. 151 CT MIAMI, FL 33193
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08/04/08-80008-023 158.75

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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:  **7/26/08 786 402 3613**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #