

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 24, 2008 8:00 am**  
**Secretary of State**

03-24-2008 90062 005 \*\*\*150.00

<b>DOCUMENT # P06000109546</b> 1. Entity Name <b>BODEGA LATINOAMERICANA, INC</b>					
Principal Place of Business <b>2664 NORTH UNIVERSITY DRIVE SUNRISE, FL 33322 US</b>			Mailing Address <b>2664 NORTH UNIVERSITY DRIVE SUNRISE, FL 33322 US</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number <b>36-4600672</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>ALADZEME, LEON F 2664 NORTH UNIVERSITY DRIVE SUNRISE, FL 33322</b>				7. Name and Address of New Registered Agent Name <b>MARIA MIRIAM CASTELLANOS</b> Street Address (P.O. Box Number is Not Acceptable) <b>2664 N. UNIVERSITY DR.</b> City <b>SUNRISE</b> FL Zip Code <b>33322</b>	
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 <u>Miriam Castellanos</u> AGENT DATE <u>3/15/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00*</b> <b>After May 1, 2008 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees		
Florida Dept. of State					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P,T <b>ALADZEME, LEON F</b> <b>2664 NORTH UNIVERSITY DRIVE</b> <b>SUNRISE, FL 33322</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES. <b>MARIA MIRIAM CASTELLANOS</b> <b>2664 N. UNIVERSITY DR.</b> <b>SUNRISE, FL 33322</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP,S <b>ALADZEME, MARIA V</b> <b>2664 NORTH UNIVERSITY DRIVE</b> <b>SUNRISE, FL 33322</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<del>V.P.</del> <del>FRANCISCO D. RODRIGUEZ</del> <del>2664 N. UNIVERSITY DR.</del> <del>SUNRISE, FL 33322</del>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VS President</b> <b>4523 Willow Tree</b> <b>SAN ANTONIO TX 78259</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -
TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	- - -
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: <u>Miriam Castellanos</u> PRESIDENT			3/15/08 (954) 578-3626		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		