

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT


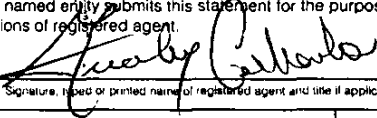
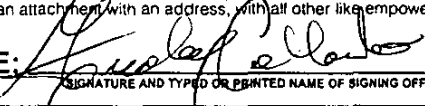
**FILED**  
**Jan 07, 2008 8:00 am**  
**Secretary of State**

01-07-2008 90041 014 \*\*\*158.75

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01042008 Chg-P CR2E034 (12/06)

<b>DOCUMENT # P07000028700</b>			
1. Entity Name LA FORGIA N.A., INC.			
Principal Place of Business 171 NW 36 STREET MIAMI, FL 33127		Mailing Address 171 NW 36 STREET MIAMI, FL 33127	
2. Principal Place of Business - No P.O. Box # 7815 SW 88 ST Suite, Apt. #, etc. E228		3. Mailing Address 7815 SW 88 ST Suite, Apt. #, etc. E228	
City & State MIAMI, FL		City & State MIAMI, FL	
Zip 33156	Country USA	Zip 33156	Country USA
4. FEI Number 56-2644924		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent COLLADO, ARIALDY 171 NW 36 STREET MIAMI, FL 33127		7. Name and Address of New Registered Agent Name ARIALDY COLLADO Street Address (P.O. Box Number is Not Acceptable) 7815 SW 88 STREET E228 City MIAMI FL Zip Code 33156	
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  ARIALDY COLLADO 01/03/08 (NOTE: Registered Agent signature required when reinstating) DATE			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		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 NAME STREET ADDRESS CITY-ST-ZIP	D COLLADO, ARIALDY 227 AUDUBON AVE APT 43 NEW YORK, NY 10033 <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	D COLLADO, ANEUDY A 227 AUDUBON AVE APT 43 NEW YORK, NY 10033 <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	D LOPEZ, ROBINSON D 1001 LOGAN AVE BRONX, NY 10465 <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:  ARIALDY COLLADO, DIR. 809-757-7135		Date Daytime Phone #	