

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000032212

FILED
Apr 01, 2009
Secretary of State

Entity Name: LA BAMBA II, INC.

Current Principal Place of Business:

1817 S. WASHINGTON AVE.
TITUSVILLE, FL 32780 US

New Principal Place of Business:

Current Mailing Address:

1817 S. WASHINGTON AVE.
TITUSVILLE, FL 32780 US

New Mailing Address:

FEI Number: 20-8630524

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SALAZAR, ALMA ROSA
1443 HEMINGWAY BLVD.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SALAZAR, ALMA ROSA
Address: 1443 HEMINGWAY BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: SALAZAR, RAUL A
Address: 1443 HEMINGWAY BLVD.
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: VP () Delete
Name: MARTINEZ, JAIME
Address: 2150 SAVANNAH BLVD
City-St-Zip: TITUSVILLE, FL 32780 US

Title: D () Delete
Name: MARTINEZ, VENANCIO
Address: 8372 SHENSTONE DR
City-St-Zip: CINCINNATI, OH 45255 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ALMA ROSA SALAZAR

P

04/01/2009

Electronic Signature of Signing Officer or Director

_____ Date