2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 23, 2009
Secretary of State

DOCUMENT# P07000038856

Entity Name: LA FAMILIA INC.

Current Principal Place of Business:

1990 LOCUST BERRY DR.
KISSIMMEE, FL 347451165

New Principal Place of Business:

Current Mailing Address:

1990 LOCUST BERRY DR.
KISSIMMEE, FL 347451165

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BRZEZINSKI, JOAN
1990 LOCUST BERRY DR.
KISSIMMEE, FL 347451165 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: DP ( ) Delete
Name: BRZEZINSKI, JOAN
Address: P.O. BOX 451165
City-St-Zip: KISSIMMEE, FL 347451165

Title: DT ( ) Delete
Name: BRZEZINSKI, MARK
Address: P.O. BOX 451165
City-St-Zip: KISSIMMEE, FL 347451165

Title: DS ( ) Delete
Name: BRZEZINSKI, DUANE
Address: P.O. BOX 451165
City-St-Zip: KISSIMMEE, FL 347451165

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: BRZEZINSKI, JOAN
Address: 1990 LOCUST BERRY DR
City-St-Zip: KISSIMMEE, FL 34743

Title: DT (X) Change ( ) Addition
Name: BRZEZINSKI, MARK
Address: 1990 LOCUST BERRY DR
City-St-Zip: KISSIMMEE, FL 34743

Title: DS (X) Change ( ) Addition
Name: BRZEZINSKI, DUANE
Address: 1990 LOCUST BERRY DR
City-St-Zip: KISSIMMEE, FL 34743

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: MARK BRZEZINSKI DT 03/23/2009

Electronic Signature of Signing Officer or Director — Date