

2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000092976

Entity Name: LA FIESTA MARKET, INC.

FILED
Aug 18, 2009
Secretary of State**Current Principal Place of Business:**12824 COUNTY RD 512
FELLSMERE, FL 32948**New Principal Place of Business:****Current Mailing Address:**12824 COUNTY RD 512
FELLSMERE, FL 32948**New Mailing Address:**

FEI Number: 74-3228614

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:FLORES, SOFIA
12824 COUNTY RD 512
FELLSMERE, FL 32948 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

OFFICERS AND DIRECTORS:Title: P () Delete
Name: FLORES, SOFIA
Address: 12824 COUNTY RD 512
City-St-Zip: FELLSMERE, FL 32948Title: ST () Delete
Name: FLORES, SOFIA
Address: 12824 COUNTY RD 512
City-St-Zip: FELLSMERE, FL 32948**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**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: FLORES SOFIA

P

08/18/2009

Electronic Signature of Signing Officer or Director

Date