

**FOR PROFIT CORPORATION
ANNUAL REPORT**

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DOCUMENT # P09000072458	
1. Entity Name LA TIENDA X PRESS, INC	

FILED
11 MAY 23 PM 2:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

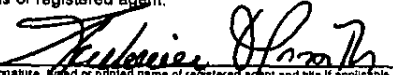
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2. Principal Place of Business - No P.O. Box # 2351 SALZEDO STREET		3. Mailing Address 1450 Brickell Bay Dr	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State MIAMI - FLORIDA		City & State MIAMI - FLORIDA	
Zip 33134	Country U.S.A	Zip 33131	Country U.S.A

CR2E034B (1/11)

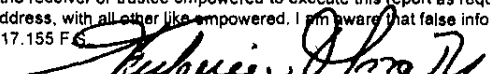
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4. FEI Number 27-0825070	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	

7. Name and Address of Current Registered Agent	
Name FEDERICO MORA	
Street Address (P.O. Box Number is Not Acceptable) 1450 Brickell Bay Dr	
Apt 504	
City MIAMI	Zip Code FL 33131
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 	DATE 05-11-11
(NOTE: Registered Agent signature required when re-instating)	
9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees	E-mail Address: SOLUTIONSCATERING@aol.com
E-mail address to be used for future annual report notices.	

10. OFFICERS AND DIRECTORS	
TITLE President	NAME Federico Mora
STREET ADDRESS 1450 Brickell Bay Dr Apt 504	
CITY-ST-ZIP Miami FL 33131	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	NAME
STREET ADDRESS	
CITY-ST-ZIP	

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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 on an attachment with an address, with all other like empowered. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155 F.S.	
SIGNATURE: 	DATE 05-11-11
Daytime Phone # 305-371-9265	