

# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P94000017726</b> 1. Entity Name <b>LA CARAMBOLA NIGHT CLUB INC.</b>						<div style="text-align: center;"> <b>FILED</b>              SECRETARY OF STATE              DIVISION OF CORPORATIONS  <b>07 AUG 27 PM 3:19</b> </div>	
Principal Place of Business <b>3012 N GOLDEROD RD WINTER PARK, FL 32792</b>				Mailing Address <b>3012 N GOLDEROD RD WINTER PARK, FL 32792</b>			
2. Principal Place of Business - No P.O. Box #				3. Mailing Address			
Suite, Apt. #, etc.				Suite, Apt. #, etc.			
City & State				City & State			
Zip		Country		Zip		Country	
6. Name and Address of Current Registered Agent  <b>GIRALDO, PHANOR 5570 SANIBEL ST ORLANDO, FL 32807</b>				7. Name and Address of New Registered Agent Name <b>Medina, Wilfredo</b> Street Address (P.O. Box Number is Not Acceptable) <b>637 David St.</b> City <b>Winter Springs</b> <b>FL</b> Zip Code <b>32708</b>			
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 <u><i>Wilfredo Medina</i></u> <b>Wilfredo Medina</b> <span style="float: right;">✓ <b>8/15/07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstalling) DATE</small>							
<b>Amended AR is \$61.25</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>RODRIGUEZ, GUILLERNO</b> <input checked="" type="checkbox"/> Delete <b>1945 GAMBOYE DR</b> <b>ORLANDO, FL 32822</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PSD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Medina, Wilfredo</b> <b>637 David St.</b> <b>Winter Springs, FL 32708</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <input checked="" type="checkbox"/> Delete <b>GIRALDO, PHANOR</b> <b>5570 SANIBEL ST</b> <b>ORLANDO, FL 32807</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VTD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Santana, Carlos</b> <b>637 David St.</b> <b>Winter Springs, FL 32708</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP</b> <input checked="" type="checkbox"/> Delete <b>RODRIGUEZ, AURA MARIA</b> <b>2733 TOUCON DR.</b> <b>ORLANDO, FL 32822</b>			<b>600108879786</b> <b>09/01/07--01009-009 \$61.25</b>			
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 <div style="text-align: center; font-size: 2em;"> <i>8/29/07</i> </div>			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.							
<b>SIGNATURE: <u><i>Wilfredo Medina</i></u> <b>Wilfredo Medina, Pres.</b></b>				<div style="text-align: right;"> <b>✓ 8/15/07</b>  <small>Date Daytime Phone #</small> </div>			