


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 23, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000037269 1. Entity Name LA GAITANA US CORP.	
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Principal Place of Business 2699 SOUTH BAYSHORE DR. MIAMI, FL 33133	Mailing Address 2699 SOUTH BAYSHORE DR. MIAMI, FL 33133 US
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03122004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0492734	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BLEIER, CAMILO 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133

**DO NOT WRITE
IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

000000127865
04/26/04-80016-001 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BLEIER, CAMILO 2699 S. BAYSHORE DRIVE MIAMI, FL 33133
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CAVELIER, ELENA CARRERA 12 NO. 79-43 PISO 6 BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SACRISTAN, ESLA DEL C CARRERA 12 NO. 79-43 PISO 6 BOGOTA, COLOMBIA,
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 14/04
Date

Daytime Phone #