


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 08, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P95000004914</b>	
1. Entity Name LA QUEBRADITA, INC.	

Principal Place of Business 702 NO KROME AVE HOMESTEAD, FL 33030 US	Mailing Address 702 NO KROME AVE HOMESTEAD, FL 33030 US
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**DO NOT WRITE IN THIS SPACE**



05032006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0709379	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

AGUIRRE, LUIS  
702 NO KROME AVE  
HOMESTEAD, FL 33030

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

<b>FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY- ST- ZIP	PD AGUIRRE, LUIS 702 NO KROME AVE HOMESTEAD, FL
TITLE NAME STREET ADDRESS CITY- ST- ZIP	SD AGUIRRE, YOLANDA 702 NO KROME AVE HOMESTEAD, FL
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U00000563138  
05/19/06-90083-014 150.00

**DO NOT WRITE  
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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 Block 11 if changed, or on an attachment with an addendum, with all other like empowered

SIGNATURE:  **5/1/06**  
\_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #