

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000049540

Entity Name: LA AUTENTICA FOODS, INC.

FILED  
Mar 30, 2010  
Secretary of State

**Current Principal Place of Business:**

989 SE 11TH PLACE  
HIALEAH, FL 33010

**New Principal Place of Business:**

**Current Mailing Address:**

989 SE 11TH PLACE  
HIALEAH, FL 33010

**New Mailing Address:**

FEI Number: 65-0693807

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RIVIERE, FABRICE  
989 SE 11TH PLACE  
HIALEAH, FL 33010 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: D  
Name: RIVIERE, FABRICE  
Address: 989 SE 11TH PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: VP  
Name: RIVIERE, FABRICE  
Address: 989 SE 11TH PLACE  
City-St-Zip: HIALEAH, FL 33010

Title: P  
Name: RIVIERE, FABRICE  
Address: 989 SE 11TH PLACE  
City-St-Zip: HIALEAH, FL 33010

I hereby 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 all other like empowered.

SIGNATURE: FABRICE RIVIERE

PRES

03/30/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date