


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 24, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P98000030462</b> ↓ Entity Name <b>LA FINCA, INC.</b>	
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<i>Principal Place of Business</i> <b>11999 SW 248 STREET MIAMI, FL 33032</b>	<i>Mailing Address</i> <b>11999 SW 248 STREET MIAMI, FL 33032</b>
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**DO NOT WRITE IN THIS SPACE**



01162006 No Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> <b>65-0844046</b>	Applied For Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

**DORTA-DUQUE, MANUEL**  
**11999 SW 248 STREET**  
**MIAMI, FL 33032**

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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 registering) \_\_\_\_\_ **DATE** \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

<b>10. OFFICERS AND DIRECTORS</b>	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	<b>D</b> <b>DORTA-DUQUE, MANUEL</b> <b>11999 SW 248 STREET</b> <b>MIAMI, FL 33032</b>
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY-ST-ZIP</b>	
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U00000527868  
05/05/06-80015-004 150.00

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IN THIS SPACE**

**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.

**SIGNATURE:** Manuel April 21/06  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #