04/30/2004 13:59 8139356858 ROBERTFCOHE

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May 04, 2004 8:00 am
Secretary of State
05-04-2004 90190 036 ***150.00

FROM : FAX NO. : 727 856 8242

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000037677

1. Entity Name
LA SHANGRILA, INC.

24068015

Principal Place of Business	Mailing Address
P.O. BOX 173334 TAMPA FL 33674	P.O. BOX 173334 TAMPA FL 33674

03302004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
2316 N Dale Mabry Hwy	PO Box 20522
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Tampa FL	City & State: Tampa FL
Zip: 33607 Country: USA	Zip: 33622 Country: USA

4. FEI Number: 59-3152805 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARTINEZ, DANIEL F ESQ. II
4144 N. ARMENIA AVENUE
SUITE 300
TAMPA, FL 33607

7. Name and Address of New Registered Agent

Name: Robert F Cohen CPA
Street Address (P.O. Box Number is Not Acceptable): 2918 Busch Lake Blvd
City: Tampa FL Zip Code: 33614

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: Robert F Cohen
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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete FERNANDEZ, JOSEPH M III 3946 FOUNTAINBLEU DRIVE TAMPA FL 33615	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ☐ Delete BAZARTE, STEVE ~~PO BOX 170004~~ PO Box 20522 ~~TAMPA FL 33672~~ Tampa, FL 33622	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: Stephen M Bazarte Stephen M Bazarte 4/30/04 813-245-1390
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #