


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 21, 2007 8:00 am**  
**Secretary of State**

05-21-2007 90060 005 \*\*\*150.00

**DOCUMENT # P98000045176**  
 1. Entity Name  
**LAS DELICIAS COLOMBIANA, INC.**



Principal Place of Business      Mailing Address  
**16100 COLLINS AVENUE**      **16100 COLLINS AVENUE**  
**SUITE 113**      **SUITE 113**  
**NORTH MIAMI BEACH, FL 33160**      **NORTH MIAMI BEACH, FL 33160**

40117327



2. Principal Place of Business - No P.O. Box #      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

02282007      Chg-P      CR2E034 (12/06)

**6. Name and Address of Current Registered Agent**  
**ORREGO, DORA**  
**16100 COLLINS AVENUE**  
**SUITE 113**  
**NORTH MIAMI BEACH, FL 33160**

4. FEI Number      Applied For  
**65-0838733**      Not Applicable  
 5. Certificate of Status Desired            **\$8.75 Additional Fee Required**

**7. Name and Address of New Registered Agent**  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
 City      **FL**      Zip Code

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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

**10. OFFICERS AND DIRECTORS**

TITLE	P	<input type="checkbox"/> Delete
NAME	GAMBOA, GLORIA P	
STREET ADDRESS	1118 NE 8 ST	
CITY-ST-ZIP	HIALEAH, FL 33099	
TITLE	VS	<input type="checkbox"/> Delete
NAME	CANO, GLORIA P	
STREET ADDRESS	2231 SW 34 WAY	
CITY-ST-ZIP	HIALEAH, FL 33012	
TITLE	VT	<input type="checkbox"/> Delete
NAME	CARDONA, ALBA M	
STREET ADDRESS	16100 COLLINS AVE., STE 113	
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11**

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

Date: **3/20/07**      Daytime Phone #: **(305) 947-1661**