


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P98000068728
1. Entity Name
LA RINCONADA OF MIAMI, INC.



Principal Place of Business Mailing Address
881 OCEAN DRIVE 128 W MASHTA DR
APARTMENT 25-D KEY BISCAIYNE, FL 33149
KEY BISCAIYNE, FL 33149

DO NOT WRITE IN THIS SPACE



01102006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
NOT APPLICABLE Not Applicable

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

6. Name and Address of Current Registered Agent
CONTRERAS, GILBERT ESQ.
1401 PONCE DE LEON BLVD.
PH-1
CORAL GABLES, FL 33134

**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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renewing) DATE _____

**FILE NOW!! FEE IS \$150.00
After May 1, 2006 Fee will be \$350.00**

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

10. OFFICERS AND DIRECTORS

TITLE	O
NAME	LOREDO, JOSE CARLOS
STREET ADDRESS	881 OCEAN DRIVE APT 25-D
CITY - ST - ZIP	KEY BISCAIYNE, FL 33149
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 16, 2006

Jose Carlos Loredo