2005 FOR PROFIT CORPORATION ANNUAL REPORT

-Mar 10, 2005 08:00 AM **DOCUMENT # P99000005168 Secretary of State** 1. Entity Name LA DEMOCRACIA, CORP. Mailing Address Principal Place of Business 17901 N.W. 132ND AVENUE 17901 N.W. 132ND AVENUE HIALEAH, FL 33018 HIALEAH, FL 33018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02162005 Chg-P CR2E034 (10/03) City & State 4. FEI Number Applied For City & State 65-0888580 Not Applicable Country Zip Country Zip \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name FERNANDEZ-RUBIO, RAFAEL Street Address (P.O. Box Number is Not Acceptable) 17901 N.W. 132ND AVENUE HIALEAH, FL 33018 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 DATE Signature, typed or printed name of registered agent and little applicable (NOTE Registered Agent signature required when reinstating) 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. 10. Delete ☐ Addition TITLE TITLE U00000258530 03/10/05-80045-006 150.00 FERNANDEZ-RUBIO, RAFAEL NAME 17902 NW 102ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33018 ☐ Change ☐ Addition Delete TITLE TITLE FERNANDEZ-RUBIO, MARIA NAME 17901 NW 102ND AVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP HIALEAH, FL 33018 Change ☐ Addition ☐ Delete TITLE TITLE GONGORA, ISABEL NAME NAME STREET ADDRESS STREET ADDRESS 412 S.W. 103RD AVE. SWEETWATER, FL 33174 CDY-ST-7E CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE GONGORA, JOSE H NAME NAME STREET ADDRESS 412 S.W. 103RD AVE. STREET ADDRESS. CITY-ST-ZIP CITY-ST-ZIP SWEETWATER, FL 33174 TITLE Defete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZIP Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CiTY+ST-ZIP CITY-ST-ZIP

12. I hereby certify that the Information supplied with this filling 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.

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED