

2006

**DOCUMENT # P99000029698**

1. Entity Name

LA SULTANA, HOME OF COLOMBIA FOOD, INC.



**FILED**  
**May 01, 2006 08:00 AM**  
**Secretary of State**

Principal Place of Business

4841 NW 7 ST. NO., 303  
MIAMI FL 33126

Mailing Address

4841 NW 7 ST. NO., 303  
MIAMI FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country



1st MOORE

CR2E034 (10/04)

4. FEI Number

65-0924207

☐ Applied For  
☐ Not Applicable
5. Certificate of Status Desired ☐
**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

 ALVAREZ, ADRIANA  
 4841 N.W. 7TH STREET  
 APT. #303  
 MIAMI FL 33126

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL** | Zip Code

7. Name and Address of New Registered Agent

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 reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00****After May 1, 2005 Fee Will Be \$550.00****Make Check Payable to Florida Department of State**
 9. Election Campaign Financing  
 Trust Fund Contribution. ☐
**\$5.00 May Be  
 Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	DPS	<input type="checkbox"/> Delete
NAME	ALVAREZ, ADRIANA	
STREET ADDRESS	4841 NW 7TH ST NO 303	
CITY- ST- ZIP	MIAMI FL 33126	

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
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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"/> Add
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	U00000557530	
STREET ADDRESS	05/17/06-80056-005	
CITY- ST- ZIP	150.00	

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

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

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

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

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 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

Daytime Phone #

ADRIANA ALVAREZ 2/21/06