


# 2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

<b>DOCUMENT # P99000081725</b>					
<b>1. Entity Name</b> LA PERLA DE JALISCO, INC.					
<b>Principal Place of Business</b> 440 S. BREVARD ARCADIA, FL 34266			<b>Mailing Address</b> 440 S. BREVARD ARCADIA, FL 34266		
<b>2. Principal Place of Business</b> 440 S BREVARD AVE			<b>3. Mailing Address</b> 440 S BREVARD AVE		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
<b>City &amp; State</b> Arcadia FL		<b>City &amp; State</b> Arcadia, FL		<b>4. FEI Number</b> 59-3628271	
<b>Zip</b> 34266		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b> CEMITIER, LEONEL 6502 BIKINI WAY SARASOTA, FL 34241				<b>7. Name and Address of New Registered Agent</b> Name: Cemitier, Leonel Street Address (P.O. Box Number is Not Acceptable): 6502 BIKINI WAY City: SARASOTA FL Zip Code: 34241	
<b>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.</b> SIGNATURE: <u>Leonel Cemitier</u> DATE: <u>10/24/04</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Amended AR is \$61.25</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> D	<b>NAME</b> CEMITIER, LEONEL		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 6502 BIKINI WAY	<b>CITY - ST - ZIP</b> SARASOTA, FL 34241		000042248610 10/27/04--01048--009 **61.25		
<b>TITLE</b> D	<b>NAME</b> PAVEL, RODRIGUEZ		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 5328 SUNNY OSHER LANE	<b>CITY - ST - ZIP</b> SAN JOSE, CA 95135				
<b>TITLE</b> D	<b>NAME</b> OCHOA, YOEL		<input checked="" type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 4340 PASADINA CIRCLE	<b>CITY - ST - ZIP</b> SARASOTA, FL 34233				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>TITLE</b> 	<b>NAME</b> 		<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>STREET ADDRESS</b> 	<b>CITY - ST - ZIP</b> 				
<b>12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 139.07(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.</b>					
<b>SIGNATURE:</b> <u>Leonel Cemitier</u> <u>10/24/04</u> (941) 4005391 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

FILED  
04 OCT 27 AM 11:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



10252004 Chg-P CR2E034 (10/03)