

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
Apr 20, 2004 8:00 am
Secretary of State**

04-20-2004 90033 046 ***150.00

DOCUMENT # P99000090074



1. Entity Name
LA CIGUENA CANASTILLA, INC.

Principal Place of Business
4540 WEST 12TH AVENUE
HIALEAH, FL 33012

Mailing Address
782 NE LEJEUNE ROAD
STE 548
MIAMI, FL 33126

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Zip

Country

03302004 Chg-P CR2E034 (10/03)

4. FEI Number 65-0958958	Applied For Not Applicable
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5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

MARQUEZ, JOSE M ESQ.
782 NW LEJEUNE ROAD
SUITE 548
MIAMI, FL 33126

Name
**Law Offices of
Marquez & Marcelo Robaina, P.A.**
Street Address (P.O. Box Number is Not Applicable)
LeJeune Center, Suite 548
782 N.W. LeJeune Road
City Miami, Florida 33126 FL Zip Code

8. I hereby certify that the information supplied with this filing 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 is supplemental to this report 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 addition with all other like empowered.

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MARTINEZ, OSVALDO 4540 WEST 12TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT PARDO, MIRTA 311 SW 62ND AVE MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVST PARDO, MIRTA 4540 WEST 12TH AVENUE HIALEAH, FL 33012	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS PARDO, MIRTA 311 SW 62 AVENUE MIAMI, FL 33144	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/01/04 (305) 447-1160
Date Daytime Phone #