FILED
Apr 28, 2004 8:00 am
Secretary of State
04-02-2004 90023 016 ***150.00

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # S94202

1. Entity Name
LA GRAN FAMILIA CORP.

Principal Place of Business	Mailing Address
9981 SW 16TH ST MIAMI, FL 33165	14287 SW 21ST TERRACE MIAMI, FL 33175

01122004 Chg-P CR2E034 (10/03)

2. Principal Place of Business	3. Mailing Address
	9981 S.W. 16th St
Suite, Apt. #, etc.	Suite, Apt. #, etc. N/A
City & State	City & State MIAMI, Fl.
Zip / Country	Zip 33165 / Country US

4. FEI Number 65-0299649 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
MARTINEZ, RICHARD A
9981 SW 16TH ST
MIAMI, FL 33165

7. Name and Address of New Registered Agent
Name: Ricardo A. Martinez
Street Address (P.O. Box Number is Not Acceptable): 9981 S.W. 16th St
City: Miami FL Zip Code 33165

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: X [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	PD MARTINEZ, RICHARDO A. 9981 S.W. 16 ST. MIAMI, FL 33165 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition PD Martinez, Ricardo A. 9981 S.W. 16th St Miami, Fl. 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MARTINEZ, YANET 9981 S.W. 16 ST. MIAMI, FL 33165 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☑ Change ☐ Addition VD Yanet Alvarez 9981 S.W. 16th St Miami, Fl. 33165
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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: X [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #