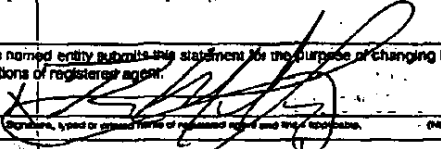
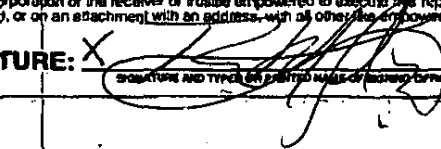


FILED
Apr 28, 2004 8:00 am
Secretary of State

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 9981 SW 16TH ST MIAMI, FL 33165		Mailing Address 14287 SW 21ST TERRACE MIAMI, FL 33175	
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		Zip 33165	
Country		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, RICHARDO 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:  (NOTE: Registered Agent signature required when removing) DATE: _____			
9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00			
10. OFFICERS AND DIRECTORS			
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
PD MARTINEZ, RICHARDO A. 9981 S.W. 16 ST. MIAMI, FL 33165		PD Martinez, Ricardo A. 9981 S.W. 16th St MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
VD MARTINEZ, YANET 9981 S.W. 16 ST. MIAMI, FL 33165		VD YANET ALVAREZ 9981 S.W. 16th St MIAMI, FL 33165	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE:  DATE: _____ DAYTIME PHONE: _____			