

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # S94202 1. Entity Name LA GRAN FAMILIA CORP.	
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Principal Place of Business 9981 SW 16TH ST MIAMI, FL 33165	Mailing Address 9981 SW 16TH ST. MIAMI, FL 33165
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DO NOT WRITE IN THIS SPACE



04012006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0299649	Applied For Not Applicable
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5. Certificate of Status Desired ☐	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent CABALLO, OLGA 4709 S.W. 2ND STREET MIAMI, FL 33134
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**DO NOT WRITE
IN THIS SPACE**

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 fee if applicable	(NOTE: registered Agent signature required when reinstating)	DATE _____
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FILE NOW!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P CEBALLOS, OLGA 4709 S.W. 2ND ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP CEBALLOS, AIDA 4709 S.W. 2ND ST. MIAMI, FL 33134
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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IN THIS SPACE**

04/24/06 000000499307 150.00
04/24/06-80025-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: <u>Olga Ceballos</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	<u>4-5-06 305-223-5909</u> Date Daytime Phone
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