


# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 735545</b> 1. Entity Name <b>MUNICIPIO DE SAN JOSE DE LAS LAJAS, INC.</b>	
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Principal Place of Business <b>130 SW BEACON BLVD MIAMI FL 33135</b>	Mailing Address <b>PO BOX 450504 MIAMI FL 33145</b>
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2. Principal Place of Business	3. Mailing Address	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	1st MOORE CR2E037 (10/05)
City & State	City & State	4. FEI Number <b>59-2364473</b> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applied
Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>
<b>BENITEZ, PEDRO 225 W. 33RD ST. HIALEAH FL 33010</b>

<b>7. Name and Address of New Registered Agent</b>
Name
Street Address (P.O. Box Number is Not Acceptable)
City
<b>FL</b> Zip Code

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 *Pedro Benitez* (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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

**Make Check Payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE	PD GONZALEZ, WALKIRIA	<input type="checkbox"/>
NAME	664 SE 4TH PLACE	
STREET ADDRESS	HIALEAH FL 33010	
CITY-ST-ZIP		
TITLE	VPD CAMERO, SANTIAGO	<input type="checkbox"/>
NAME	110 SE 9 COURT	
STREET ADDRESS	HIALEAH FL 33010	
CITY-ST-ZIP		
TITLE	VTD DELGADO, ANDRES	<input type="checkbox"/>
NAME	8982 NW 16758	
STREET ADDRESS	MIAMI LAKES FL 33018	
CITY-ST-ZIP		
TITLE	TD RUIZ, ALICIO	<input type="checkbox"/>
NAME	9350 W FLAGLER APT 201	
STREET ADDRESS	MIAMI FL 33174	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change	<input type="checkbox"/> Add
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			
TITLE		<input type="checkbox"/>	<input type="checkbox"/>
NAME			
STREET ADDRESS			
CITY-ST-ZIP			

00000440134  
03/02/06-30023-025 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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.