


**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Jul 07, 2005 08:00 AM**  
**Secretary of State**

**DOCUMENT # G81725**  
 1. Entity Name  
**LAS DIEGO SISTERS CORPORATION AND PUBLISHING DIVISION INC.**



Principal Place of Business 115 SW 127 AVE. MIAMI, FL 33184-1310	Mailing Address 115 SW 127 AVE. MIAMI, FL 33184-1310
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**DO NOT WRITE IN THIS SPACE**



06302005 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2749093	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 DIEGO, MARIA TERESA  
 115 SW 127 AVE.  
 MIAMI, FL 33184

**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.

100000371136  
 07/07/05-80005-001 150.00

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 7, 2005**

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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PVP DIEGO, MARIA LUISA 115 SW 127 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST TORRE, FARA IUONNE 115 SW 127 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
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**DO NOT WRITE IN THIS SPACE**

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: Maria Teresa Diego Date: 6-30-05 Daytime Phone #: 305 554 5950  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR