

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028649

FILED  
Apr 23, 2009  
Secretary of State

Entity Name: LALESA CORP.

**Current Principal Place of Business:**

2457 COLLINS AVENUE  
APT. 506  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

2457 COLLINS AVENUE  
APT. 506  
MIAMI BEACH, FL 33140

**New Mailing Address:**

FEI Number: 75-3017006      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACAL, JUAN CARLOS  
15625 NW 15 AVENUE  
MIAMI, FL 33169 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: LACAL, JOSE  
Address: 2457 COLLINS AVENUE #506  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete  
Name: LACAL, JOSEFA  
Address: 2457 COLLINS AVENUE #506  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS ( ) Delete  
Name: LACAL, JUAN C  
Address: 2457 COLLINS AVENUE #1003  
City-St-Zip: MIAMI BEACH, FL 33140

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: VPS (X) Change ( ) Addition  
Name: LACAL, JUAN CARLOS  
Address: 15625 NW 15 AVENUE  
City-St-Zip: MIAMI, FL 33169

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUAN CARLOS LACAL

VPS

04/23/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date