
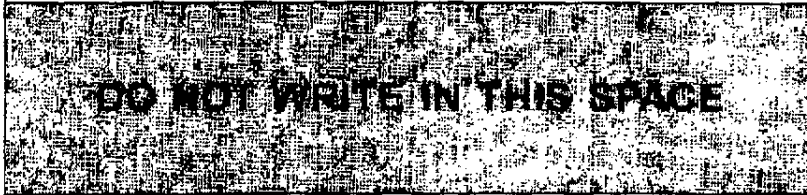


FILED
May 08, 2006 08:00 AM
Secretary of State

**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P03000004129	
1. Entity Name LAS CAROLINAS GROUP INC.	

Principal Place of Business 4657 SW 71 AVE MIAMI, FL 33155 US	Mailing Address 4657 SW 71 AVE MIAMI, FL 33155 US
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03202006 No Chg-P CR2E034 (11/05)

4. FEI Number 02-0663447	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent DE QUIROZ, NATCHA 4657 SW 71 AVE MIAMI, FL 33155	
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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.

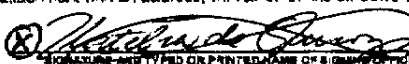
SIGNATURE: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when re-appointing.

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$650.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000562856 05/19/06-30072-019 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D QUIROZ, JORGE 10321 SW 142 CT. MIAMI, FL 33186
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DE QUIROZ, NATCHA 10321 SW 142 CT MIAMI, FL 33186
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	



12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 113, 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 **DE QUIROZ, NATCHA**

SIGNATURE:  **PRESIDENT** **03/22/06 (305) 666-4442**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER, OFFICER OR DIRECTOR Date Deline Form 9