
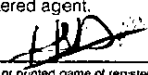



**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 14, 2005 8:00 am**  
**Secretary of State**

02-14-2005 90044 014 \*\*\*150.00

DOCUMENT # P04000116381			
1. Entity Name LA SALUD, INC.		Principal Place of Business 15525 SW 138TH AVE MIAMI, FL 33177	
Mailing Address 11530 S W 2ND ST APT #102 MIAMI, FL 33174		2. Principal Place of Business	
3. Mailing Address 15525 S.W. 138 Ave		Suite, Apt. #, etc.	
City & State MIAMI FL		4. FEI Number 65-1230883	
Zip 33177		Country USA	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ALVAREZ, HEATHCLIFF 11530 S W 2ND ST APT #102 MIAMI, FL 33174		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 15525 S.W. 138 AVENUE City MIAMI FL Zip Code 33177	
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: 01/20/05			
9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, HEATHCLIFF 11530 S W 2ND ST APT #102 MIAMI, FL 33174 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ALVAREZ, Heathcliff 15525 S.W. 138 AVE MIAMI, FL 33177 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: 		Heathcliff Alvarez 01/20/05 305-278-6533	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	