


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Sep 09, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # P04000149476**  
 1. Entity Name  
 LO QUE QUIERAS.COM, INC.



Principal Place of Business      Mailing Address  
 11030 SW 146 PLACE      11030 SW 146 PLACE  
 MIAMI, FL 33186      MIAMI, FL 33186

**DO NOT WRITE IN THIS SPACE**



09022008      No Chg-P      CR2E034 (11/05)

4. FEI Number 20-1958631	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent  
 TRUJILLO, LILIAN C  
 11030 SW 146 PLACE  
 MIAMI, FL 33186

**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.  
 SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when re-registering)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**Due by September 12, 2008**

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	P
NAME	TRUJILLO, LILIAN C
STREET ADDRESS	11030 SW 146 PLACE
CITY-ST-ZIP	MIAMI, FL 33186
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000959264  
 09/09/08-80003-019 158.75

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:** *[Signature]*      *109/05/08*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #