## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED May 14, 2007 8:00 am Secretary of State 04-23-2007 90047 024 \*\*\*150.00

Signature   Sign	DOCUMENT # P06000144884  1. Entity Name SE HABLA SALSA. COM, CORPORATION			04-23-2007 900	17.024	
Suite Add State  Suite Add State  Cry & Stat	3153 GALINDO CIR	3153 GALINDO CIR	0			
Sutto, Agel, E. St.  Suite, Apr. #, etc.  O1032807 Chg-P CR2E334 (12/06)  Gry A State  Cry A State  Cry A State  Cry A State  A FEI Number  Shart Address of Suns, Desired  S. Certicate o		//`\	ALLE			
### Country   To   Country   S. Certificate of Satus Desired   \$8.75 AgOSCIONAL   \$9.75 A			*****	01032007 Chg-P CR2	E034 (12/06)	
8. Name and Address of Current Registered Agent  UPTON, LEE H 315S GALINDO CIR MELBOURNE, FL 32940  Street Address (P.O. Box Number is Not-AccEptable)  Street Address (P.O. Box Number is Not-AccEptable)  Street Address (P.O. Box Number is Not-AccEptable)  FFL Zip Coos  8. The above named enthy submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Picrick. I am forming with, and accept the obligations of registered agent.  SIGNATURE:  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  Turn Fund Contribution.  Address (P.O. Box Number is Not-AccEptable)  B. Election Campaign Finencing Turn Fund Contribution.	11/1.16.	City & State		4. FEI Number		
LUPTON, LEE H 3153 GALINDO CIR MELBOURNE, FL 32940  Street Address (P.O. Box Number is blot-Acceptable)  Street Address (P.O. Box Number is blot-Acceptable)  FLE Zip Code  5. The above nemed enthy submits this statement for the purpose of changing its registered office or registered agent, or bodh, in the State of Poride. I am formity with, and accept the obligations of registered agent.  SIGNATURE  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  10. ORIVICERS AND DIRECTORS III.  MAE  SIGNATURE  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Address Trust Fund Contribution.  Address Trust Fund Contribution.  MAE  SIGNATURES  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Address Trust Fund Contribution.  MAE  SIGNATURES  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Address Trust Fund Contribution.  Address Trust Fund Contribution.  MAE  SIGNATURES  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Address Trust Fund Contribution.  Address Trust Fund Contribution.  Address Trust Fund Contribution.  MAE  SIGNATURES  FILE MOWIII FEE 18 \$150.00  After May 1, 2007 Fee will be \$550.00  Trust Fund Contribution.  Address	302940 Country	Zip	Country	5. Certificate of Status Desired		
Signet Address (P.O. Box Number Is Not-Acceptable)    Street Address (P.O. Box Number Is Not-Acceptable)	6. Name and Address of	Current Registered Agent	Name h/	7. Name and Address of New Registers	d Agent	
E. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Roixide. I am ternitary with, and accept the obligations of registered entity submits with, and accept the obligations of registered entity submits with, and accept the obligations of registered entity submits with, and accept the obligations of registered entity submits with, and accept the obligations of registered entity registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity submits with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of registered entity. State of Roixide. I am ternitary with, and accept the obligations of Roixide. I am ternitary with, and accept the obligations of Roixide. I am ternitary with a ternitary of registered entities of Roixide. I am ternitary of	3153 GALINDO CIR Street Address			(P.O. Box Number is Not-Acceptable)		
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Picricia. I am tamility with, and accept the obligations of registered agent.  SIGNATURE    STEEL NOWILL FEE IS \$150.00	MELBOURNE, FL 32940					
The obligations of registered agest.  SIGNATURE  SIGNATURE  SIGNATURE  STREET ADDRESS  COTY-51-2P  TIME  MAKE  STREET ADDRESS  COTY-51-2P  TIME  CHARGES  COTY-51-2P  TIME  CHARGES  COTY-51-2P  TIME  CHARGES  CHARGES  COTY-51-2P  TIME  CHARGES  CHARGES  CHARGES  CHARGES  CHARGES  CHARGE			<u> </u>	•	<u> </u>	
FILE NOW!! FEE IS \$150.00  After May 1, 2007 Fee will be \$550.00  10. OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  TITLE  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE  MALE  SIRET ADDRESS  CITY-ST-2P  Delete  TITLE	the obligations of registered agent.  SIGNATURE  Let Lupton 3/10/07					
TITLE MANUE SIRRET ADDRESS CITY-ST-2P  TITLE MANUE SIRRET	FILE NOW!!! FEE IS \$150					
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NAME STREET ADDRESSCITY-ST-2P	NAME STREET ADDRESS	32940 Defete	NAME Street adoress		☐ Change ☐ Addition	
TITLE   NAME   NAME   NAME	NAME STREET ADDRESS	[] Delete	NAME STREET ADDRESS		Change Addition	
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 filling 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:	TITLE NAME STREET ADDRESS	☐ Delete	TITLE NAME STREET ADDRESS		☐ Change ☐ Addition	
NAME STREET ADDRESS CITY-ST-ZP  12. I hereby certify that the information supplied with this filling 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:	NAME STREET ADDRESS	☐ Delette	NAME STREET ADDRESS		Change Addition	
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SIGNATURE AND TYPED DR PRINTED NAME OF SIGNAND OFFICER OR DIRECTOR ( ) Chim Complete Phone #						