


**FILED**  
**May 14, 2007 8:00 am**  
**Secretary of State**

**2007 FOR PROFIT CORPORATION  
 ANNUAL REPORT**

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04-23-2007 90047 024 \*\*\*150.00

DOCUMENT # P06000144884			
1. Entity Name SE HABLA SALSA. COM, CORPORATION			
Principal Place of Business 3153 GALINDO CIR MELBOURNE, FL 32940		Mailing Address 3153 GALINDO CIR MELBOURNE, FL 32940	
2. Principal Place of Business - No P.O. Box # <i>3153 Galindo Circle</i>		3. Mailing Address <i>SAME</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Melbourne, FL</i>		City & State	
Zip <i>32940</i>	Country <i>USA</i>	Zip	Country
4. FEI Number		Applied For <input checked="" type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent  LUPTON, LEE H 3153 GALINDO CIR MELBOURNE, FL 32940		7. Name and Address of New Registered Agent Name <i>N/A</i> Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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 <i>Lee H Lupton</i> <small>Signature, typed or printed name of registered agent and title if applicable</small>		<i>Lee H Lupton</i> <small>(NOTE: Registered Agents signature required when reinstating)</small>	
DATE <i>3/10/07</i>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		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	<i>Director</i> <i>Lee Lupton</i> <i>3153 Galindo Circle</i> <i>Melbourne, FL</i> <i>32940</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP
			<i>None</i>
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <i>Lee H Lupton</i>		<i>3/10/07</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>DATE</small>	
		<small>Daytime Phone #</small>	