2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000024527

Entity Name: LS ENERGIA INC

FILED Feb 13, 2009 Secretary of State

Entity Nar	ME: LS ENERGIA INC				
Current P	rincipal Place of Business:	New Principal Place of Business:	New Principal Place of Business:		
	OAKS DR DBEACH, FL 33069	596 W PALMAIRE DR POMPANO BEACH, FL 33069			
Current M	lailing Address:	New Mailing Address:			
2441 NW 93 AVE SUITE 101 DORAL, FL 33172		596 W PALMAIRE DR POMPANO BEACH, FL 33069			
FEI Number:	FEI Number Applied For ()	FEI Number Not Applicable (X) Certificate of Status Desired	()		
Name and	Address of Current Registered Agent:	Name and Address of New Registered Agent:			
2441 NW 9 SUITE 101 DORAL, FI The above	L 33172 US named entity submits this statement for the	ne purpose of changing its registered office or registered agent, o	or both,		
	e of Florida.				
SIGNATUF	Electronic Signature of Registered	Agent Date			
Election Car	mpaign Financing Trust Fund Contribution ().				
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRI	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip: Title: Name:	PTS () Delete TAMAYO, JOSE M 521 MISTY OAKS DR POMPANO BEACH, FL 33069 () Delete	Title: PTS (X) Change () Addition Name: TAMAYO, JOSE M Address: 596 W PALMAIRE DR City-St-Zip: POMPANO BEACH, FL 33069 Title: VP () Change (X) Addition Name: TAMAYO, MARISABEL			
Address: City-St-Zip:		Address: 596 W PALMAIRE DR City-St-Zip: POMPANO BEACH, FL 3069 US			
Title: Name: Address: City-St-Zip:	() Delete	Title: DIR () Change (X) Addition Name: TAMAYO, FEDERICO Address: 596 W PALMAIRE DR City-St-Zip: POMPANO BEACH, FL 33069 US			
Title: Name: Address: City-St-Zip:	() Delete	Title: DIR () Change (X) Addition Name: TAMAYO, JOSE M Address: 596 W PALMAIRE DR City-St-Zip: POMPANO BEACH, FL 33069 US			

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FEDERICO TAMAYO DIR 02/13/2009