



**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 12, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P94000037269</b> 1. Entity Name LA GAITANA US CORP.		
Principal Place of Business 2699 SOUTH BAYSHORE DR. MIAMI, FL 33133	Mailing Address 2699 SOUTH BAYSHORE DR. MIAMI, FL 33133 US	
<b>DO NOT WRITE IN THIS SPACE</b>		
		 05022005 No Chg-P CR2E034 (10/03)
		4. FEI Number 85-0492734
		Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Name and Address of Current Registered Agent  BLEIER, CAMILO 2699 SOUTH BAYSHORE DRIVE MIAMI, FL 33133		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
in accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
<b>10. OFFICERS AND DIRECTORS</b>		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD BLEIER, CAMILO 2699 S. BAYSHORE DRIVE MIAMI, FL 33133	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD CAVELIER, ELENA Cl 73 No.7 - 31 P6 BOGOTA, COLOMBIA,	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD SACRISTAN, ESLA DEL C Cl 73 No.7 - 31 P6 BOGOTA, COLOMBIA,	
TITLE 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 filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 another like empowered.		
SIGNATURE: <u>M. Bleier</u>		Date: <u>May 4/05</u>
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #

110000366353  
05/12/05-80010-003 158.75

**DO NOT WRITE  
IN THIS SPACE**