# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Aug 04, 2006 8:00 am**
**Secretary of State**
08-04-2006 90016 006 ***550.00

50024245

DOCUMENT # F05000003743

1. Entity Name
HACIENDA LOMA LINDA, S.A. CORP.

| Principal Place of Business | Mailing Address |
|---|---|
| EDIFICIO TORRE MIRAMAR/AVE. BALBOA Y CALLE 39 PANAMA REP. OF PANAMA. OC | P.O. BOX 0816-02082 REPUBLIC OF PANAMA. |

07212006 Chg-P CR2E034 (11/05)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number 98-0465692 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| JOSEPHS, MICHAEL<br>JOSEPHS, JACK & MIRANDA, P.A.<br>2950 S.W. 27TH AVENUE, SUITE 100<br>MIAMI, FL 33133 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title, if applicable. (*NOTE: Registered Agent's signature required when changing)

**FILE NOW!!! FEE IS $550.00**
**Due by September 6, 2006**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$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 | CP<br>DR. JUAN A. ARIAS ZUBIETA<br>P.O. BOX 0816-01082<br>PANAMA REP. OF PANAMA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | VCV<br>JUAN ALBERTO ARIAS STRUNZ<br>P.O. BOX 0816-02082<br>PANAMA REP. OF PANAMA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DT<br>MARIA EUGENIA STRUNZ DE ARIAS<br>P.O. BOX 0816-02082<br>PANAMA REP. OF PANAMA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | DS<br>ANA ISABEL ARIAS DE MOTTA<br>P.O. BOX 0816-02082<br>PANAMA REP. OF PANAMA, | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY ST ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY ST ZIP | ☐ Change ☐ 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:** _____ 8/2/06 011-507-227-5757
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Juan A. Arias Zubieta