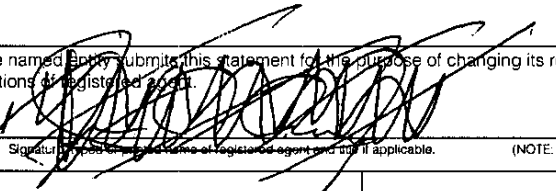
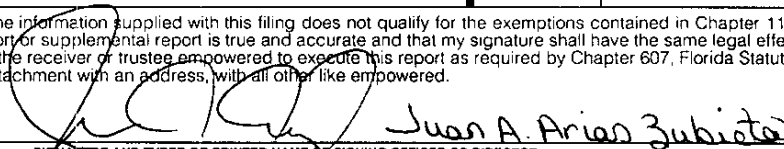


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90015 019 ***150.00

DOCUMENT # F05000003743 1. Entity Name HACIENDA LOMA LINDA, S.A. CORP.					
Principal Place of Business EDIFICIO TORRE MIRAMAR/AVE. BALBOA Y CALLE 39 PANAMA REP. OF PANAMA, OC				Mailing Address P.O. BOX 0816-02082 REPUBLIC OF PANAMA,	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		01172007 Chg-P CR2E034 (12/06)	
Zip		Country		4. FEI Number 98-0465692	
Zip		Country		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 JOSEPHS, JACK & MIRANDA, P.A. 2950 S.W. 27TH AVENUE, SUITE 100 MIAMI, FL 33133				Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE: 				DATE:	
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00				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	CP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	DR. JUAN A. ARIAS ZUBIETA			NAME	
STREET ADDRESS	P.O. BOX 0816-01082			STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,			CITY-ST-ZIP	
TITLE	VCV	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	JUAN ALBERTO ARIAS STRUNZ			NAME	
STREET ADDRESS	P.O. BOX 0816-02082			STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,			CITY-ST-ZIP	
TITLE	DT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	MARIA EUGENIA STRUNZ DE ARIAS			NAME	
STREET ADDRESS	P.O. BOX 0816-02082			STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,			CITY-ST-ZIP	
TITLE	DS	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ANA ISABEL ARIAS DE MOTTA			NAME	
STREET ADDRESS	P.O. BOX 0816-02082			STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,			CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
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: 					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date: 1/19/07 Daytime Phone #: 011-507-227-5757	