

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003743

FILED
Feb 24, 2009
Secretary of State

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

Current Principal Place of Business:

EDIFICIO TORRE MIRAMAR/AVE.
BALBOA Y CALLE 39
PANAMA REP. OF PANAMA, OC

Current Mailing Address:

P.O. BOX 0816-02082
REPUBLIC OF PANAMA,

New Principal Place of Business:

EDIFICIO TORRE MIRAMAR/AVE.
BALBOA Y CALLE 39
PANAMA REP. OF PANAMA, XX XX

New Mailing Address:

P.O. BOX 0816-02082
PANAMA, REP. OF PANAMA, XX XX

FEI Number: 98-0465692 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JOSEPHS, MICHAEL
JOSEPHS, JACK & MIRANDA, P.A.
2950 S.W. 27TH AVENUE, SUITE 100
MIAMI, FL 33133 US

Name and Address of New Registered Agent:

JOSEPHS, MICHAEL
JOSEPHS JACK, P.A.
2950 S.W. 27TH AVENUE, SUITE 100
MIAMI, FL 33133 US

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.

SIGNATURE: _____

02/24/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: CP () Delete
Name: DR. JUAN A. ARIAS ZU, BIETA
Address: P.O. BOX 0816-01082
City-St-Zip: PANAMA REP. OF PANAMA, OC

Title: VCV () Delete
Name: JUAN ALBERTO ARIAS S, TRUNZ
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, OC

Title: DT () Delete
Name: MARIA EUGENIA STRUNZ, DE ARIAS
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, OC

Title: DS () Delete
Name: ANA ISABEL ARIAS DE, MOTTA
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, OC

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: CP (X) Change () Addition
Name: DR. JUAN A. ARIAS ZU, BIETA
Address: P.O. BOX 0816-01082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: VCV (X) Change () Addition
Name: JUAN ALBERTO ARIAS S, TRUNZ
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: DT (X) Change () Addition
Name: MARIA EUGENIA STRUNZ, DE ARIAS
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: DS (X) Change () Addition
Name: ANA ISABEL ARIAS DE, MOTTA
Address: P.O. BOX 0816-02082
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

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: JUAN A. ARIAS Z.

CP

02/24/2009

Electronic Signature of Signing Officer or Director

Date