· 2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Feb 23, 2006 8:00 am Secretary of State

DOCUMENT # G81725 1. Entity Name LAS DIEGO SISTERS CORPORATION AND PUBLISHING DIVISION INC.				The state of the s	02-23-2006 9	0011 050) ***150	1.00
Bringing Place	of Business	Mailing Address		40010	(10			
Principal Place				40010	•			
115 SW 127 AVE. Miami, Fl. 33184-1310		115 SW 127 AVE. MIAMI, FL 33184-1310					,	•
MIAMI, FL 33	104-1310	MINIMI, IL SSIOT-1310		. ,				
2. Principal Place of Business		3. Mailing Address						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		02112006	Chg-P	CR2E034	(11/05)	
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City & State	• ×.	City & State		4. FEI Number	200			olied For
		<u> </u>		59-27490	J93			Applicable
Zip	Country	_Zip C	Country	5. Certificate of	Status Desired		8.75 Addi	tional
	6. Name and Address of Current	Parletand Apost	··· /	7 Name and A	ddress of New Re			
	6. Hame and Address of Current	Voltatered Wholic	Name			<u> </u>		
DIEGO M	ARIA TERESA	1						
MISSINGER 138405W-1857 MISSINGER 138405W-1857 MISSINGER 138405W-1857			 Street Address 	ss (P.O. Box Number	is Not Acceptable)			
MIAML FL	33784 ariam	i F1 33/10	 					
200	And the second		City			FI	Zip Code)
4 7 4	, .					(G. 1(- (H	
the obligat	named entity submits this statement (cions of registered agent.	ir the purpose of changing its reg	, histered office or regis	stered agent, or both,	, in the State of Flot	iga. Tam iar	rilligir with,	and accept
SIGNATURE.		•						
Sidie Tone	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: Re-	gistered Agent signature requ	uined when reinstating)		DATE		
After M	E NOWIII FEE IS \$150.00 ay 1, 2006 Fee will be \$550.		ution.	55.00 May Be Added to Fees			inentoe.	200
10.	OFFICERS AND		11.	ADDITIONS/C	HANGES TO OFFIC			
TITLE	PVP	☐ Delete	TITLE			Ĺ	Change	■ Addition
NAME	DIEGO, MARIA LUISA		NAME					
STREET ADDRESS	115'SW 127 AVE.							-
CITY-ST-ZIP	MIAMI, FL		STREET ADDRESS					,
TITLE			STREET ADDRESS CITY-ST-ZIP				70	
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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 cath; 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: _

EIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECT

1305) 439-6321