


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N01000002817</b> 1. Entity Name LA MANO AMIGA INTERNACIONAL, INC.	
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Principal Place of Business 705 E BELLA VISTA STREET LAKELAND, FL 33805	Mailing Address 705 E BELLA VISTA STREET LAKELAND, FL 33805
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04042005 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3712274	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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<b>6. Name and Address of Current Registered Agent</b>  AMADOR, LEONIDES P 705 E BELLA VISTA STREET LAKELAND, FL 33805
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable</small>	(NOTE: Registered Agent signature required when reinstating)	DATE _____
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<b>Filing Fee is \$61.25 Due by May 1, 2005</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD PENTON, LEONIDES 705 E BELLA VISTA STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DIAZ-DE-PENTON, ZENaida C 705 E BELLA VISTA STREET LAKELAND, FL 33805
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TT COLON, JOSE 34910 ANSLEY AVE STREET DADE CITY, FL 33523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST GREENE, ANA E 1705 ITCHEPACKESASSA DRIVE LAKELAND, FL 33810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000337228  
04/27/05-80161-007 70.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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.

<b>SIGNATURE:</b> 	<b>LEONIDES PENTON</b>	4-11-2005	805-221-5721
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	<small>Daytime Phone #</small>