2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000006486

FILED Feb 18, 2011 Secretary of State

Entity Name: LINAJE ESCOGIDO, INC.

Current Principal Place of Business: New Principal Place of Business:

502 PONCE DELEON BLVD DE LEON SPRINGS, FL 32130 US

Current Mailing Address: New Mailing Address:

502 PONCE DELEON BLVD DE LEON SPRINGS, FL 32130 US

FEI Number: 27-0477770 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

MANCILLA, LUZMARIA
502 PONCE DELEON BLVD
DE LEON SPRINGS, FL 32130 US

MANCILLA, LUZ MARIA
502 PONCE DELEON BLVD
DE LEON SPRINGS, FL 32130 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: LUZ MARIA MANCILLA 02/18/2011

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: F

Name: MANCILLA, LUZ MARIA
Address: 502 PONCE DELEON BLVD
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: VP

Name: MANCILLA, JUAN
Address: 502 PONCE DELE

Address: 502 PONCE DELEON BLVD
City-St-Zip: DELEON SPRINGS, FL 32130 US

Title: SEC

Name: MANSILLA, MANFILIO
Address: 502 PONCE DELEON BLVD
City-St-Zip: DELEON SPRINGS, FL 32130 FL

Title: SEC

Name: GALARZA, JESSICA
Address: 502 PONCE DELEON BLVD.
City-St-Zip: DELEON SPRINGS, FL 32130

Title: SEC

Name: MANCILLA, MARLENY K.
Address: 502 PONCE DELEON BLVD
City-St-Zip: DELEON SPRINGS, FL 32130

I hereby 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: LUZ MARIA MANCILLA P 02/18/2011