

**2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P00000032362

**FILED  
Nov 28, 2007  
Secretary of State****Entity Name:** LABORATORIO DE CIENCIAS ESPIRITUALES, INC.**Current Principal Place of Business:**1901 WEST FLAGLER  
# 11  
MIAMI, FL 33135 US**New Principal Place of Business:**1901 WEST FLAGLER STREET  
SUITE # 11  
MIAMI, FL 33135 US**Current Mailing Address:**1901 WEST FLAGLER  
# 11  
MIAMI, FL 33135 US**New Mailing Address:**1901 WEST FLAGLER STREET  
SUITE # 11  
MIAMI, FL 33135 US**FEI Number:** 65-0999997**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**MONTALVAN, ZENAIDA  
5828 S.W. 3 STREET  
MIAMI, FL 33144 US**Name and Address of New Registered Agent:**PIMENTEL, RAUL  
1901 WEST FLAGLER STREET  
SUITE # 11  
MIAMI, FL 33135 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: RAUL PIMENTEL

11/28/2007

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**Title: V ( ) Delete  
Name: CABALE, LEOBGILDO  
Address: 5828 S.W. 3 STREET  
City-St-Zip: MIAMI, FL 33134 USTitle: T ( ) Delete  
Name: LEON, RAFAEL  
Address: 5828 S.W. 3 STREET  
City-St-Zip: MIAMI, FL 33134 USTitle: S ( ) Delete  
Name: PIMENTEL, RAUL  
Address: 5828 S.W. 3 STREET  
City-St-Zip: MIAMI, FL 33134 USTitle: P (X) Delete  
Name: MONTALVAN, ZENAIDA  
Address: 5828 SW 3 STREET  
City-St-Zip: MIAMI, FL 33134 US**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: V (X) Change ( ) Addition  
Name: CABALE, LEOBGILDO  
Address: 1901 WEST FLAGLER STREET SUITE # 11  
City-St-Zip: MIAMI, FL 33135 USTitle: T (X) Change ( ) Addition  
Name: LEON, RAFAEL  
Address: 1901 WEST FLAGLER STREET SUITE # 11  
City-St-Zip: MIAMI, FL 33135 USTitle: PS (X) Change ( ) Addition  
Name: PIMENTEL, RAUL  
Address: 1901 WEST FLAGLER STREET SUITE # 11  
City-St-Zip: MIAMI, FL 33135 USTitle: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: RAUL PIMENTEL

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11/28/2007

Electronic Signature of Signing Officer or Director

Date