
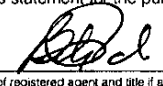
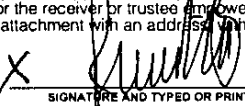


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 10, 2006 8:00 am**  
**Secretary of State**

03-10-2006 90001 007 \*\*\*150.00

<b>DOCUMENT # P0000085112</b> 1. Entity Name <b>LAS ROSAS CORP.</b>					
Principal Place of Business <b>200 SOUTH BISCAYNE BLVD SUITE 4100</b> <b>MIAMI, FL 33131</b>			Mailing Address <b>200 S BISCAYNE BLVD</b> <b>STE 4100</b> <b>MIAMI, FL 33131</b>		
2. Principal Place of Business <b>806 Douglas Road</b>		3. Mailing Address <b>806 Douglas Road</b>			
Suite, Apt. #, etc. <b>Suite 580</b>		Suite, Apt. #, etc. <b>Suite 580</b>			
City & State <b>Coral Gables, FL</b>		City & State <b>Coral Gables, FL</b>		4. FEI Number <b>65-1047155</b>	
Zip <b>33134</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATE INTERNATIONAL REGISTERED AGENTS</b> <b>200 S. BISCAYNE BLVD., STE 4100</b> <b>MIAMI, FL 33131</b>			7. Name and Address of New Registered Agent Name <b>Registered Agent Corporate Services Inc.</b> Street Address (P.O. Box Number is Not Acceptable) <b>806 Douglas Road</b> Suite <b>Suite 580</b> City <b>Coral Gables</b> <b>FL</b> Zip Code <b>33134</b>		
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  DATE <b>1/24/06</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHACHNER, JOSE B 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHACHNER, JOSE B 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOHA, JACQUELINE 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TOHA, JACQUELINE 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHACHNER, VIVIANNE 200 S BISCAYNE BLVD STE 4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT SCHACHNER, VIVIANNE 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHACHNER, CARLOS A 200 S BISCAYNE BLVD ST 4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS SCHACHNER, CARLOS A 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACHNER, PAUL 200 S. BISCAYNE BLVD., SUITE 4100 MIAMI, FL 33131	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SCHACHNER, PAUL 806 DOUGLAS ROAD, SUITE 580 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	   	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all other like empowered.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date			Daytime Phone #		