2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028649

MIAMI BEACH, FL 33140

XIQUES, ALBERT J ESQ.

CORAL GABLES, FL 33134

101 MADEIRA AVENUE

() Delete

City-St-Zip:

City-St-Zip:

Title:

Name: Address:

Entity Name: LALESA CORP.

FILED Jul 13, 2004 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:			
APT. 1705	LINS AVENUE			2457 COLL APT. 1003 MIAMI BEA			
Current Mailing Address:				New Mailing Address:			
2457 COLLINS AVENUE APT. 1705				2457 COLLINS AVENUE APT. 1003			
MIAMI BEACH, FL 33140 FEI Number: 75-3017006 FEI Number Applied For () FE				MIAMI BEACH, FL 33140 I Number Not Applicable () Certificate of Status Desired ()			
		• •	. ,		• •		. ,
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
101 MADE	ALBERT JESG IRA AVENUE ABLES, FL 33						
The above in the State	named entity s e of Florida.	submits this statement fo	or the purpose o	of changing it	ts registere	d office or registered ager	ıt, or both,
SIGNATUR	₹F.						
Electronic Signature of Registered Agent				Date			
		3(2)(b), F.S., the corporation g Trust Fund Contribution (the prior notic	e.		
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS			
Title: Name: Address: City-St-Zip:	BEARES, JOSE	AVENUE, #1705		Title: Name: Address: City-St-Zip:		(X) Change () Addition SE NS AVENUE, #1003 CH, FL 33140	
Title: Name: Address: City-St-Zip:	BRIZ DE LACAI	ÁVENUE, #1705		Title: Name: Address: City-St-Zip:	2457 COLLI	(X) Change () Addition DE LACAL, JOSEFA NS AVENUE, #1003 CH, FL 33140	
Title: Name: Address:	LACAL LERA, J	Delete IUNA C AVENUE. #1705		Title: Name: Address:	VPS LACAL LER 2457 COLLI	(X) Change()Addition A, JUNA C NS AVENUE. #1003	

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

City-St-Zip:

Title:

Name:

Address:

City-St-Zip:

MIAMI BEACH, FL 33140

() Change () Addition

SIGNATURE: JUAN CARLOS LACAL LERA VPS 07/13/2004