

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000028649

FILED  
Apr 26, 2005  
Secretary of State

Entity Name: LALESA CORP.

## Current Principal Place of Business:

2457 COLLINS AVENUE  
APT. 1003  
MIAMI BEACH, FL 33140

## New Principal Place of Business:

2457 COLLINS AVENUE  
APT. 506  
MIAMI BEACH, FL 33140

## Current Mailing Address:

2457 COLLINS AVENUE  
APT. 1003  
MIAMI BEACH, FL 33140

## New Mailing Address:

2457 COLLINS AVENUE  
APT. 506  
MIAMI BEACH, FL 33140

FEI Number: 75-3017006

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

XIQUES, ALBERT J ESQ  
101 MADEIRA AVENUE  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: P ( ) Delete  
Name: LACAL, JOSE  
Address: 2457 COLLINS AVENUE, #1003  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP ( ) Delete  
Name: LERA BRIZ DE LACAL, JOSEFA  
Address: 2457 COLLINS AVENUE, #1003  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS ( ) Delete  
Name: LACAL LERA, JUNA C  
Address: 2457 COLLINS AVENUE, #1003  
City-St-Zip: MIAMI BEACH, FL 33140

Title: AS ( ) Delete  
Name: XIQUES, ALBERT J ESQ.  
Address: 101 MADEIRA AVENUE  
City-St-Zip: CORAL GABLES, FL 33134

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change ( ) Addition  
Name: LACAL, JOSE  
Address: 2457 COLLINS AVENUE #506  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VP (X) Change ( ) Addition  
Name: LACAL, JOSEFA  
Address: 2457 COLLINS AVENUE #506  
City-St-Zip: MIAMI BEACH, FL 33140

Title: VPS (X) Change ( ) Addition  
Name: LACAL, JUAN C  
Address: 2457 COLLINS AVENUE #1003  
City-St-Zip: MIAMI BEACH, FL 33140

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: JUAN C LACAL

VPS

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date