


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2005 8:00 am**  
**Secretary of State**

05-02-2005 90425 033 \*\*\*150.00

<b>DOCUMENT # P01000030601</b>	
1. Entity Name <b>LOS LIBROS EN ESPANOL.COM, INC.</b>	

Principal Place of Business <b>451 NW 82ND AVENUE SUITE 812 MIAMI, FL 33126</b>	Mailing Address <b>PO BOX 527523 MIAMI, FL 33152</b>
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40074349

2. Principal Place of Business <b>11469 NW 77 ST</b>	3. Mailing Address <b>PO Box # 52-7523</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

City & State <b>DORAL FL</b>	City & State <b>MIAMI FL</b>
Zip <b>33178</b>	Country <b>DADE</b>
Zip <b>33152</b>	Country <b>DADE</b>

04292005 Chg-P CR2E034 (10/03)

4. FEI Number <b>65-1087736</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>LUNA, JULIO C 451 NW 82ND AVENUE SUITE 812 MIAMI, FL 33126</b>	7. Name and Address of New Registered Agent Name <b>JULIO CESAR LUNA</b> Street Address (P.O. Box Number is Not Acceptable) <b>11469 NW 77 ST</b> City <b>DORAL FL</b> Zip Code <b>33178</b>
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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: <i>Julio Cesar Luna</i> <b>JULIO CESAR LUNA</b> <b>4/25/5</b> Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNA, JULIO C <del>451 NW 82ND AVENUE SUITE 812</del> MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNA, SONIA <del>451 NW 82ND AVENUE SUITE 812</del> MIAMI, FL 33126 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LUNA JULIO C 11469 NW 77 ST DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD LUNA SONIA 11469 NW 77 ST DORAL, FL 33178 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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
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 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 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: <i>Julio Cesar Luna</i> <b>JULIO CESAR LUNA</b> <b>4/25/5</b> <b>305-582-3347</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
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