## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE: A

## May 02, 2005 08:00 AM Secretary of State DOCUMENT # P01000076566 LAS MUSAS, INC. Principal Place of Business\_ Mailing Address 257 MIRACLE MILE 257 MIRACLE MILE CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 04292005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEì Number 65-1133681 Not Applicable \$8.75 Additional Fee Required 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent GALLEGO, INGRID DO NOT WRITE 257 MIRACLE MILE CORAL GABLES, FL 33134 IN THIS SPACE 3. 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. Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) \$5.00 May 8e 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. 10. OFFICERS AND DIRECTORS TITLE PD GALLEGO, INGRID NAME 257 MIRACLE MILE STREET ADDRESS CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE U00000354627 05/03/05-80114-019 150.00 NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS. CITY-ST-ZIP 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 of 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.

YPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**FILED**