


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90340 014 \*\*\*150.00

P02000020315					
<b>1. Entity Name</b> L.A. MARMOLEJO, CORP.					
<b>Principal Place of Business</b> 5427 S.W. 152 PL CIRCLE MIAMI, FL 33185			<b>Mailing Address</b> 5427 S.W. 152 PL CIRCLE MIAMI, FL 33185		
<b>2. Principal Place of Business</b> 8251 NW 64 STREET Suite, Apt. #, etc.		<b>3. Mailing Address</b> 8251 NW 64 STREET Suite, Apt. #, etc.		 03092005	
<b>City &amp; State</b> MIAMI, FL		<b>City &amp; State</b> MIAMI, FL		<b>4. FEI Number</b> 03-0400619	
<b>Zip</b> 33166		<b>Country</b> USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75</b>	
<b>6. Name and Address of Current Registered Agent</b> PINEDA, CARLOS A 5427 S.W. 152 PL CIRCLE MIAMI, FL 33185			<b>7. Name and Address of New Registered Agent</b> Name: CARLOS A. PINEDA Street Address (P.O. Box Number is Not Acceptable): 8251 NW 64 STREET City: MIAMI FL Zip Code: 33166		
<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.</b> SIGNATURE: CARLOS A. PINEDA <i>[Signature]</i> 04/19/05 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		<b>9. Election Campaign Financing</b> <input type="checkbox"/> <b>\$5.00</b> Trust Fund Contribution.			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSD MARMOLEJO, LEOPOLDO A 5427 S.W. 152 PL CIRCLE MIAMI, FL 33185 <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	
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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	
<b>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.</b>					
<b>SIGNATURE:</b> <i>Leopoldo Marmolejo</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			04/19/05 (766) 306-3283 <small>Date Daytime Phone #</small>		