2008 FOR PROFIT CORPORATION ANNUAL REPORT

ANNUAL REPORT							F	ILED
1. Entity Name	MENT # P020000839 LE CORP.	962				Api	: 17, 2 Secre	2008 08:00 tary of Sta
Principal Place of Business 1390 BRICKELL AVENUE SUITE 200 MAMI, FL 33131 MIAMI, FL 33131 MIAMI, FL 33131			E 200			H (117) (117) 8(4) 8(4) 8		
DO NOT WRITE IN THIS SPAC					04132008 4. FEI Numb 43-197	No Chg-P	CR2E0	34 (11/05) Applied For Not Applicable \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent CASTILLO B, ALVARO 1390 BRICKELL AVENUE SUITE 200 MIAMI, FL 33131						NOT W THIS SI		
the obligati	named entity submits this statement for ions of registered agent. Signature, typed or printed name of registered agent at	d title II applicable. (NOTE: Register	ncing	required w		U000009 04/29/08-8	DATE 02134	
10.	ay 1, 2008 Fee will be \$550.0 OFFICERS AND C		_				· · · · · · · · · · · · · · · · · · ·	
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DE HOFFMANN, HUGO A 1390 BRICKELL AVENUE SUITE MIAMI, FL 33131 D FLEISCHHEKER, CINTHYA M 1390 BRICKELL AVENUE SUITE MIAMI, FL 33131	200						
TITLE NAME STREET ADDRESS CITY-ST-ZIP						NOT W		
TITLE NAME STREET ADDRESS CITY-SI-ZIP					IN	THIS SI	PACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP								
TITLE NAME STREET ADDRESS		· · · · · · · · · · · · · · · · · · ·						

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 eath; 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.

OPALATIDE.

CITY-ST-ZIP

The letter DINGETOR

APRIL 10/2007