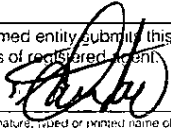
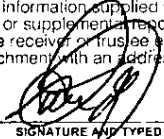


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2006 8:00 am
Secretary of State

03-03-2006 90127 018 ***150.00

DOCUMENT # P02000092356 1. Entity Name BRISAS LAJERAS INC.					
Principal Place of Business 7830 SW 24TH STREET MIAMI, FL 33155			Mailing Address 7830 SW 24TH STREET MIAMI, FL 33155		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 37-1439861	
5. Certificate of Status Desired ☐				Applied For Not Applicable	
\$8.75 Additional Fee Required				01042006 Chg-P CR2E034 (11/05)	
6. Name and Address of Current Registered Agent DIJOLS, PEDRO E 7830 SW 24TH ST MIAMI, FL 33155				7. Name and Address of New Registered Agent Name CARLOS LANDIN Street Address (P.O. Box Number's Not Acceptable) 7830 SW 24 ST City MIAMI FL 33155 FL Zip Code	
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  DATE 2/6/06 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating)					
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LANDIN, COSSETTE 7830 SW 24TH STREET MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CARLOS LANDIN 7830 SW 24TH ST MIAMI, FL 33155	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD DIJOLS, PEDRO E 7830 SW 24TH STREET MIAMI, FL 33155	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD EUGENIA LANDIN 7830 SW 24TH ST MIAMI, FL 33155	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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 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: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		
Date 2/6/06			Daytime Phone # 305-245-8221		