


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 04, 2005 8:00 am
Secretary of State

05-04-2005 90185 015 ***150.00

DOCUMENT # P03000089359

1. Entity Name
LAS MIGDALIAS CORP.



Principal Place of Business Mailing Address

~~18851 NE 29TH AVENUE~~ ~~18851 NE 29TH AVENUE~~
~~AVENTURA, FL 33180~~ ~~AVENTURA, FL 33180~~

50048386



2. Principal Place of Business 3. Mailing Address

5783 SW 40th STREET **5783 SW 40th STREET**

Suite, Apt. #, etc. Suite, Apt. #, etc.

SUITE 208 **SUITE 208**

04272005 Chg-P CR2E034 (10/03)

City & State City & State

MIAMI, FL **MIAMI, FL**

4. FEI Number Applied For

20-0988422 Not Applicable

Zip Country Zip Country

33155 **USA** **33155** **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
ROUSSO, MARK E ESQ 18851 NE 29TH AVENUE AVENTURA, FL 33180		Name Street Address (P.O. Box Number is Not Acceptable) City 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.

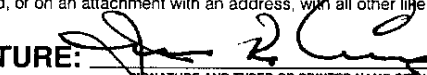
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2005 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 CURBELO TABOADA, JUAN RAMON 18851 NE 29TH AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5783 SW 40th STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE CURBELO, MIGDALIA T 18851 NE 29TH AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5783 SW 40th STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURBELO TABOADA, JOSE MIGUEL 18851 NE 29TH AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5783 SW 40th STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURBELO PEREZ, JUAN RAMON 18851 NE 29TH AVENUE AVENTURA, FL 33180 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5783 SW 40th STREET, STE 208 MIAMI, FL 33155
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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____