


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # P03000089359

1. Entity Name
LAS MIGDALIAS CORP.



Principal Place of Business 5783 SW 40TH STREET SUITE 208 MIAMI, FL 33155	Mailing Address 5783 SW 40TH STREET SUITE 208 MIAMI, FL 33155
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02222006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-0988422	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ROUSSO, MARK E ESQ
 18851 NE 29TH AVENUE
 AVENTURA, FL 33180**

DO NOT WRITE IN THIS SPACE

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, 2006 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

U00000473529
 03/31/06-80020-008 150.00

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CURBELO TABOADA, JUAN RAMON 5783 SW 40TH STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DE CURBELO, MIGDALIA T 5783 SW 40TH STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CURBELO TABOADA, JOSE MIGUEL 5783 SW 40TH STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CURBELO PEREZ, JUAN RAMON 5783 SW 40TH STREET, STE 208 MIAMI, FL 33155
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

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:  **3/14/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #