2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 05, 2005
Secretary of State

DOCUMENT# P03000135936

Entity Name: LA PRENSA, INC.

Current Principal Place of Business:

516 NW 114TH AVE. #203
MIAMI, FL 33172

New Principal Place of Business:

Current Mailing Address:

516 NW 114TH AVE. #203
MIAMI, FL 33172

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ALTAMIRANO, LUIS J
17600 NW 68TH AVE. #B3008
MIAMI LAKES, FL 33015 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____
Electronic Signature of Registered Agent Date

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PSD ( ) Delete
Name: ALTAMIRANO, LUIS J
Address: 17600 NW 68TH AVE. #B3008
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete
Name: MCCANN, CARMEN J
Address: 516 NW 114TH AVE. #203
City-St-Zip: MIAMI, FL 33172

Title: D ( ) Delete
Name: ALTAMIRANO, GABRIELA M
Address: 17600 NW 68TH AVE. #B3008
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete
Name: ALTAMIRANO, LUIS M
Address: 17600 NW 68TH AVE. #B3008
City-St-Zip: MIAMI LAKES, FL 33015

Title: D ( ) Delete
Name: ALTAMIRANO, MARCO A
Address: 17600 NW 68TH AVE. #B3008
City-St-Zip: MIAMI LAKES, FL 33015

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LUIS J. ALTAMIRANO PSD 05/05/2005
Electronic Signature of Signing Officer or Director Date