
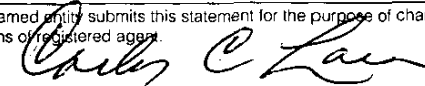
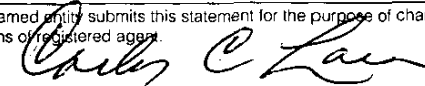
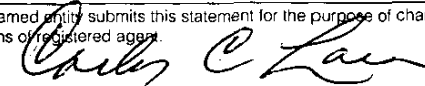


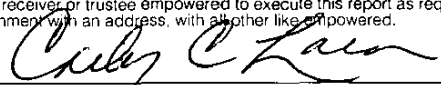
2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2007 8:00 am
Secretary of State

04-12-2007 90033 029 ***158.75

DOCUMENT # P04000090268											
1. Entity Name THE HOUSE OF LARA CORP											
Principal Place of Business 10001 W FLAGLER ST LOT N1412 MIAMI, FL 33174-1881			Mailing Address 420 TAMiami CANAL RD. MIAMI, FL 33144								
2. Principal Place of Business - No P.O. Box # 6724 S.W. 28 St.,		3. Mailing Address 6724 S.W. 28 St.,									
Suite, Apt. #, etc.		Suite, Apt. #, etc.									
City & State Miami, Florida		City & State Miami, Florida		4. FEI Number 20-1232820							
Zip 33155		Country U.S.A.		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required							
6. Name and Address of Current Registered Agent LARA, CARLOS 10001 W FLAGLER ST, LOT N1412 MIAMI, FL 33174-1881		7. Name and Address of New Registered Agent <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2" style="padding: 2px;">Name LARA, CARLOS</td> </tr> <tr> <td colspan="2" style="padding: 2px;">Street Address (P.O. Box Number is Not Acceptable) 6724 S.W. 28 St.,</td> </tr> <tr> <td style="padding: 2px;">City Miami</td> <td style="padding: 2px;">Zip Code 33155</td> </tr> </table>				Name LARA, CARLOS		Street Address (P.O. Box Number is Not Acceptable) 6724 S.W. 28 St.,		City Miami	Zip Code 33155
Name LARA, CARLOS											
Street Address (P.O. Box Number is Not Acceptable) 6724 S.W. 28 St.,											
City Miami	Zip Code 33155										
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. <table style="width:100%;"> <tr> <td style="width:30%; vertical-align: bottom;"> SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small> </td> <td style="width:40%; text-align: center; vertical-align: bottom;"> Carlos Lara <small>(NOTE: Registered Agent signature required when reinstating)</small> </td> <td style="width:30%; text-align: right; vertical-align: bottom;"> 04/09/07 <small>DATE</small> </td> </tr> </table>						SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	Carlos Lara <small>(NOTE: Registered Agent signature required when reinstating)</small>	04/09/07 <small>DATE</small>			
SIGNATURE  <small>Signature, typed or printed name of registered agent and title if applicable</small>	Carlos Lara <small>(NOTE: Registered Agent signature required when reinstating)</small>	04/09/07 <small>DATE</small>									
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees									
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11								
TITLE PD	NAME LARA, CARLOS		<input type="checkbox"/> Delete								
STREET ADDRESS 10001 W FLAGLER ST, LOT N1412	CITY-ST-ZIP MIAMI, FL 33174-1881		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE 	NAME 		<input type="checkbox"/> Delete								
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE 	NAME 		<input type="checkbox"/> Delete								
STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
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STREET ADDRESS 	CITY-ST-ZIP 		<input type="checkbox"/> Change <input type="checkbox"/> Addition								
TITLE 	NAME 		<input type="checkbox"/> Delete								
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 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 another like empowered.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Carlos Lara	04/09/07 <small>Date</small>	786-229-1045 <small>Daytime Phone #</small>
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