

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 29, 2006 8:00 am
Secretary of State

08-29-2006 90004 001 ***168.75

DOCUMENT # P04000110874 1. Entity Name LANDESTATES CORP.																											
Principal Place of Business 1717 NORTH BAYSHORE DRIVE SUITE 1641 MIAMI, FL 33132 US		Mailing Address 1717 NORTH BAYSHORE DRIVE SUITE 1641 MIAMI, FL 33132 US																									
2. Principal Place of Business 3191 CORAL WAY Suite, Apt. #, etc. #622		3. Mailing Address 3191 CORAL WAY Suite, Apt. #, etc. #622																									
City & State MIAMI, FL Zip 33145 Country USA		City & State MIAMI, FL Zip 33145 Country USA																									
4. FEI Number 34-2009121		Applied For <input type="checkbox"/> Not Applicable																									
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required		08212006 Chg-P CR2E034 (11/05)																									
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22 ST 4TH FL MIAMI, FL 33145		7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____																											
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.																									
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD MARTINELLI, PATRICIO</td> <td style="width:20%; text-align: right;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>11718 SW 92ND LN</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33186</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PSTD MARTINELLI, PATRICIO	<input type="checkbox"/> Delete	NAME	11718 SW 92ND LN		STREET ADDRESS	MIAMI, FL 33186		CITY - ST - ZIP			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:70%;">PSTD. MARTINELLI, PATRICIO</td> <td style="width:20%; text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td>1717 N BAYSHORE DR # 1641</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>MIAMI, FL 33132</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		TITLE	PSTD. MARTINELLI, PATRICIO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME	1717 N BAYSHORE DR # 1641		STREET ADDRESS	MIAMI, FL 33132		CITY - ST - ZIP		
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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:  PATRICIO MARTINELLI		Date 08/21/06 Daytime Phone # (305) 448-8196																									