


**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Mar 20, 2006 8:00 am**  
**Secretary of State**

03-20-2006 90012 047 \*\*\*150.00

<b>DOCUMENT # P04000119873</b>	
<b>1. Entity Name</b> LA ESQUINA LATINA, CORP.	

<b>Principal Place of Business</b> 5307 W. 22ND CT. HIALEAH, FL 33016	<b>Mailing Address</b> 5307 W. 22ND CT. HIALEAH, FL 33016
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<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
		Country



03162006 Chg-P CR2E034 (11/05)

<b>4. FEI Number</b> 51-0520656	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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<b>6. Name and Address of Current Registered Agent</b>  MARTINEZ, MARIA 5307 W. 22ND CT. HIALEAH, FL 33016	<b>7. Name and Address of New Registered Agent</b>  Name Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code
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**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.

<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<small>(NOTE: Registered Agent signature required when reinstating)</small> DATE
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<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2006 Fee will be \$550.00	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	NAME	<input type="checkbox"/> Delete		TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	MARTINEZ, MARIA			STREET ADDRESS			
CITY-ST-ZIP	5307 W. 22ND CT. HIALEAH, FL 33016			CITY-ST-ZIP			

**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.

<b>SIGNATURE:</b> <i>[Signature]</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date	Daytime Phone #
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3-15-2006 (305) 855-6109