## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jun 08, 2006 08:00 AN Secretary of State

ANNUAL REPORT "					Jun 08, 2006 08:0		
DOCUMENT # P04000128207  1. Entity Name LA CARTELERA USA CORP		Secretary of		cretary of St			
Principal Place 932 SW 16 S FORT LAUDE		Mailing Address 932 SW 16 ST FORT LAUDERDALE, FL 3331	5 US			HITEL UZHT HTH TILH HENTE IL TOLL	
				05252006		R2E034 (11/05)	
DO NOT WRITE IN THIS SPA			CE	4. FEI Numb 43-195		Applied For Not Applicable	
		•	er .	5. Certificate	e of Status Desired	\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			_	u ,,,			
VILLAMIZAR, OSCAR 932 SW 16 ST FORT LAUDERDALE, FL 33315			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, a the obligations of registered agent.  SIGNATURE  SIGNATURE  SIGNATURE  NOTE. Registered Agent signature required when remaining)  OATE						25/06	
FILE NOW!!! FEE IS \$150.00  Due by September 6, 2006  9. Election Campaign Fin Trust Fund Contribution				\$5.00 May Be Added to Fees			
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	P VILLAMIZAR, OSCAR 932 SW 16 ST FORT LAUDERDALE, FL 33315	RECTORS	,		U0000056	case	
TITLE NAME STREET ADDRESS CITY+ST-ZIP				۰	06/08/06-80	003-006 150.00	
TIILE NAME STREET ADDRESS CITY-ST-ZIP			DO NOT WRITE				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	;			IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP							
T.T. F	1						

12. I hereby certify that the information complied 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 frue 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 approximately the 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 approximately execute the empowered.

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

75/06 -Dato Daytime Phone 4