

2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

05 SEP -6 AM 9: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ac 9/1 Bdate 9/16



08292005 Chg-P CR2E034 (10/03)

DOCUMENT # P04000170018					
1. Entity Name LAS BURBUJAS, INC.					
Principal Place of Business 4577 NW 7 ST MIAMI, FL 33126			Mailing Address 4577 NW 7 ST MIAMI, FL 33126		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 56-2493423	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent DE LA VICTORIA, CHARLES 130 SW 52ND PLACE MIAMI, FL 33134			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> DATE _____					
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '11		
TITLE	PD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA VICTORIA, CHARLES		NAME		
STREET ADDRESS	4577 NW 7 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Delete	TITLE	800058441988	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA VICTORIA, CHARLES		NAME	08/15/05 01011 006 35.00	
STREET ADDRESS	4577 NW 7 ST		STREET ADDRESS	8/29/05 01006-015 115.00	
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP	800058441988	
TITLE	STD	<input type="checkbox"/> Delete	TITLE	08/15/05--01011--006 \$35.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARMEN SOLER BALART, MARIA DEL		NAME	08/29/05--01006--015 \$115.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	4577 NW 7 ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 33126		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify 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 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:		Charles Dela Victoria		9-1-05 8786-223-6181	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	