2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P04000172497

City-St-Zip:

PEMBROKE PINES, FL 33027

Entity Name: LADINO POSADA INVESTMENTS INC

FILED Jan 10, 2006 Secretary of State

Littly Nai	He. LADINO	FOOADA IIIVESTIVILINTS IIIC.					
Current Principal Place of Business:				New Principal Place of Business:			
7354 N.W. 56TH STREET				6000 NW 97TH AVENUE			
MIAMI, FL	33166			UNIT 18 DORAL, FL	33178	US	
Current Mailing Address:				New Mailing Address:			
Current Mailing Address:				New Mailing Address.			
7354 N.W. 56TH STREET MIAMI, FL 33166				6000 NW 97TH AVENUE UNIT 18			
IVII/AIVII, I L	33100			DORAL, FL	33178	US	
FEI Number:	34-2033892	FEI Number Applied For ()	FEI Nun	nber Not Appl	icable ()	Certificate of Status Desired (X	3)
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:			
	GIOVANNI 7. 12TH STRE KE PINES, FL						
	named entity of Florida.	submits this statement for the p	ourpose o	f changing i	ts registere	ed office or registered agent, or l	ooth,
SIGNATUR	RE:						
Electronic Signature of Registered Agent				Date			
Election Car	npaign Financir	ng Trust Fund Contribution ().					
OFFICERS	S AND DIREC	CTORS:		ADDITION	S/CHANG	SES TO OFFICERS AND DIREC	CTORS:
Title: Name: Address: City-St-Zip:	LADINO, GIOV 14950 S.W. 13			Title: Name: Address: City-St-Zip:		() Change () Addition	
Title: Name: Address: City-St-Zip:	VD (PEREZ, HERN 7354 N.W. 56' MIAMI, FL 33	TH STREET		Title: Name: Address: City-St-Zip:		(X) Change () Addition HERNAN P 97 AVENUE UNIT 18 L 33178 US	
Title: Name: Address:	ST (LADINO, MAR 14950 S.W. 13			Title: Name: Address:		() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

City-St-Zip:

SIGNATURE: GIOVANNI LADINO PD 01/10/2006