

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 26, 2007 8:00 am**  
**Secretary of State**

01-26-2007 90028 028 \*\*\*150.00

<b>DOCUMENT # P05000022292</b> 1. Entity Name <b>LA LOBILLA PROPERTY HOLDING CORP.</b>					
Principal Place of Business <b>6161 N MEMORIAL HWY - # 615 TAMPA, FL 33615</b>			Mailing Address <b>6161 N MEMORIAL HWY - # 615 TAMPA, FL 33615</b>		
2. Principal Place of Business - No P.O. Box # <b>3906 W. Dale Ave</b>		3. Mailing Address <b>3906 W. Dale Ave</b>			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State <b>Tampa FL</b>		City & State <b>Tampa FL</b>		4. FEI Number <b>20-2484166</b>	
Zip <b>33609</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>RAMOS, JOSE S 6161 N MEMORIAL HWY - # 615 TAMPA, FL 33615</b>			7. Name and Address of New Registered Agent Name <b>Ramos, Jose S</b> Street Address (P.O. Box Number is Not Acceptable) <b>3906 W. Dale Ave</b> City <b>Tampa</b> <b>FL</b> Zip Code <b>33609</b>		
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 <span style="float: right;">DATE <b>1/23/07</b></span> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KERR, CRISTINA 6161 N MEMORIAL HWY - # 615 TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Kerr, Cristina 3906 W. Dale Ave. Tampa FL 33609
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAMOS, JOSE S 6161 N MEMORIAL HWY - # 615 TAMPA, FL 33615	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Ramos, Jose 3906 W. Dale Ave Tampa FL 33609
				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete				
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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> <b>CRISTINA KERR</b> <span style="float: right;">Date <b>1/23/07</b> (813) 333 2186</span> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					