


**2007 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 31, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P05000060905</b>		
1. Entity Name <b>LAS TRES MARIAS CORP</b>		
Principal Place of Business <b>795 PINEWOOD DRIVE DUNEDIN, FL 34698 US</b>		Mailing Address <b>795 PINEWOOD DRIVE DUNEDIN, FL 34698 US</b>
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  <b>HERNANDEZ, MARIA T 795 PINEWOOD DRIVE DUNEDIN, FL 34698</b>		<b>DO NOT WRITE IN THIS SPACE</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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
<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		
TITLE	P	
NAME	HERNANDEZ, MARIA T	
STREET ADDRESS	795 PINEWOOD DRIVE	
CITY-ST-ZIP	TAMPA, FL 34698	
TITLE	VP	
NAME	HERNANDEZ, JOSE E	
STREET ADDRESS	795 PINEWOOD DRIVE	
CITY-ST-ZIP	DUNEDIN, FL 34698	
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		
NAME		
STREET ADDRESS		
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.		
SIGNATURE: <u>Jose E. Hernandez</u> <b>U.P.</b> <b>01-29-07</b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Date Daytime Phone #		



01262007 No Chg-P CR2E034 (11/05)

4. FEI Number <b>20-2746082</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

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02/06/07-80002-021 158.75

**DO NOT WRITE  
IN THIS SPACE**

**(727) 418-2743**