2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 29, 2008
Secretary of State

DOCUMENT# P05000158678

Entity Name: LAS LILAS, INC.

Current Principal Place of Business:

2121 PONCE DE LEON BLVD.
SUITE 740
CORAL GABLES, FL 33134

New Principal Place of Business:

2275 BISCAYNE BLVD
SUITE NO.1
MIAMI, FL 33137

Current Mailing Address:

2121 PONCE DE LEON BLVD.
SUITE 740
CORAL GABLES, FL 33134

New Mailing Address:

2275 BISCAYNE BLVD
SUITE NO.1
MIAMI, FL 33137

FEI Number: 20-3892823 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PIERI, LUCIANO M
2121 PONCE DE LEON BLVD.
SUITE 740
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: PULIT, GONZALO
Address: 540 WEST AVE. # 1413
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: PULIT, FRANCISCO
Address: 540 WEST AVE. # 1413
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: DE PULIT, MARIA MARTHA T
Address: 540 WEST AVE. # 1413
City-St-Zip: MIAMI BEACH, FL 33139

Title: D (X) Delete
Name: PULIT, MARCELA T
Address: 540 WEST AVE. # 1413
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: PULIT, GONZALO
Address: 540 WEST AVENUE #2011
City-St-Zip: MIAMI BEACH, FL 33139

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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.

SIGNATURE: GONZALO PULIT D 02/29/2008

Electronic Signature of Signing Officer or Director — Date