
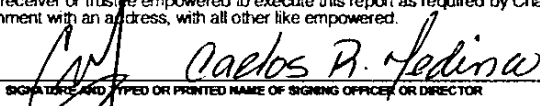


# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90446 011 \*\*\*150.00

<b>DOCUMENT # P05000166376</b> 1. Entity Name <b>LAURA AUTO SALES EXPORT IMPORT, INC.</b>					
Principal Place of Business <b>10120 SW 26TH STREET</b> <b>MIAMI, FL 33165 US</b>			Mailing Address <b>10120 SW 26TH STREET</b> <b>MIAMI, FL 33165 US</b>		
2. Principal Place of Business <b>10120 SW 26 ST</b> Suite, Apt. #, etc.			3. Mailing Address <b>10120 SW 26 ST</b> Suite, Apt. #, etc.		
City & State <b>Miami, FL</b>			City & State <b>Miami, FL</b>		
Zip <b>33165</b>		Country <b>U.S.</b>		4. FEI Number <b>203994450</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>BASILIO, JOSE</b> <b>1414 NW 1107 AVE</b> <b>SUITE 206</b> <b>MIAMI, FL 33172</b>			7. Name and Address of New Registered Agent Name <b>Basilio, Jose</b> Street Address (P.O. Box Number is Not Acceptable) <b>1414 NW 107 AVE SUITE 206</b> City <b>Miami</b> <b>FL</b> Zip Code <b>33172</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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P MEDINA, CARLOS R 10120 SW 26TH ST MIAMI, FL FL		<input type="checkbox"/> Delete		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP			<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.					
SIGNATURE: 			Date: <b>4/17/06</b> (305) 345-7428		