2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P93000036438

Entity Name: LORETO, INC.

City-St-Zip: MIAMI, FL 33166

FILED Apr 03, 2008 Secretary of State

| Current Principal Place of Business: | | | New Principal Place of | New Principal Place of Business: | |
|--------------------------------------|----------------------------------|---------------------------------|------------------------------------|--|--|
| 6918 NW 5 MIAMI, FL | 51ST STREET 33166 | | | | |
| Current Mailing Address: | | | New Mailing Address | New Mailing Address: | |
| 6918 NW 5 MIAMI, FL | 51ST STREET 33166 | | | | |
| FEI Number: | 65-0429315 | FEI Number Applied For () | FEI Number Not Applicable () | Certificate of Status Desired () | |
| Name and | Address of C | urrent Registered Agent: | Name and Address of | Name and Address of New Registered Agent: | |
| | OANNA 51ST STREET 33166 US | | | | |
| | named entity s e of Florida. | ubmits this statement for the p | ourpose of changing its registered | office or registered agent, or both, | |
| SIGNATUF | RE: | | | | |
| | Electron | ic Signature of Registered Age | ent | Date | |
| Election Car | npaign Financing | Trust Fund Contribution (). | | | |
| OFFICERS AND DIRECTORS: | | | ADDITIONS/CHANGE | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: | |
| Title: Name: | D () SALBY, JOANNA | | Title: Name: | () Change () Addition | |

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: JOANNA T. SALBY D 04/03/2008