


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 21, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P93000077840</b> 1. Entity Name LAS PALMAS MOTEL, INC.	
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Principal Place of Business 2340 S.W. 8 ST. MIAMI, FL 33135	Mailing Address 2340 S.W. 8 ST. MIAMI, FL 33135
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**DO NOT WRITE IN THIS SPACE**



03102005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-0448855	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  FUENTES, REVAN R 2340 SW 8 ST STE 2 MIAMI, FL 33135	<b>DO NOT WRITE IN THIS SPACE</b>
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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.</small>	(NOTE: Registered Agent signature required when reinstating)	DATE <u>3/11/05</u>
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<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	U00000270533 03/21/05-80011-012 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, RENAN R 2340 SW 8TH ST #02 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FUENTES, SARAH L 2340 SW 8 ST #02 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FOLGAR, MARLENE 13708 SW 11 ST MIAMI, FL 23184
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date <u>3/11/05</u>	Daytime Phone # <u>305-541-3332</u>
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