2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 02, 2004
Secretary of State

DOCUMENT# P95000096449

Entity Name: LA ISLA, INC.

Current Principal Place of Business:

943 CRANDON BLVD.
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

PO BOX 252
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 65-0641207 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

AGUIRRE, ANTONIO G
677 GLENRIDGE RD.
KEY BISCAYNE, FL 33149 US

Name and Address of New Registered Agent:

MAURIZIO, GUSTAVO O
530 SW 113TH TERRACE
PEMBROKE PINES, FL 33025 US

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: GUSTAVO MAURIZIO 06/02/2004
Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: AGUIRRE, ANTONIO G
Address: 677 GLENRIDGE RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DS ( ) Delete
Name: WOLMAN, VERONICA C
Address: 677 GLENRIDGE RD.
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DV ( ) Delete
Name: SAPTNITZKY, CLAUDIO
Address: 131 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

Title: DT ( ) Delete
Name: BATLLE-SAPETNITZKY, CLAUDIA
Address: 131 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: MAURIZIO, GUSTAVO O
Address: 530 SW 113TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: DS (X) Change ( ) Addition
Name: ROSSI, ALEXANDRA G
Address: 530 SW 113TH TERRACE
City-St-Zip: PEMBROKE PINES, FL 33025

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 for the exemption stated in Section 119.07(3)(i), 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: GUSTAVO MAURIZIO DP 06/02/2004
Electronic Signature of Signing Officer or Director Date