2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P95000096449

Entity Name: LA ISLA, INC.

FILED Jan 06, 2006 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

943 CRANDON BLVD. KEY BISCAYNE, FL 33149

Current Mailing Address: New Mailing Address:

PO BOX 252 KEY BISCAYNE, FL 33149

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

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

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

MAURIZIO, GUSTAVO O
2308 SW 23RD TER
MIAMI, FL 33145 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 - PRESIDENT 01/06/2006

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Delete Title: (X) Change () Addition MAURIZIO, GUSTAVO O MAURIZIO, GUSTAVO O Name: Name: 530 SW 113TH TERRACE 2308 SW 23RD TERRACE Address: Address: City-St-Zip: PEMBROKE PINES, FL 33025 City-St-Zip: MIAMI, FL 33145

Title: DS () Delete Title: DS (X) Change () Addition Name: ROSSI, ALEXANDRA G Name: ROSSI, ALEXANDRA G

 Address:
 530 SW 113TH TERRACE
 Address:
 2308 SW 23RD TERRACE

 City-St-Zip:
 PEMBROKE PINES, FL 33025
 City-St-Zip:
 MIAMI, FL 33145

Title: DV () Delete Title: DV (X) Change () Addition Name: SAPETNITZKY, CLAUDIO Name: SAPETNITZKY, CLAUDIO

Address: 131 ISLAND DRIVE Address: 181 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

Title: DT () Delete Title: DT (X) Change () Addition
Name: BATLLE-SAPETNITZKY, CLAUDIA Name: BATLLE-SAPETNITZKY, CLAUDIA
Address: 131 ISLAND DRIVE

Address: 131 ISLAND DRIVE Address: 181 ISLAND DRIVE
City-St-Zip: KEY BISCAYNE, FL 33149 City-St-Zip: KEY BISCAYNE, FL 33149

I hereby certify that the information supplied with this filing does not qualify for the 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: PRESIDENT - GUSTAVO MAURIZIO DP 01/06/2006