


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2004 8:00 am**  
**Secretary of State**

04-28-2004 90206 013 \*\*\*150.00

<b>DOCUMENT # S92190</b>	
1. Entity Name <b>LAS ESPUELAS CORPORATION</b>	

Principal Place of Business <b>13796 40TH STREET, SOUTH WELLINGTON, FL 33414 US</b>	Mailing Address <b>12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 US</b>
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**14009588**

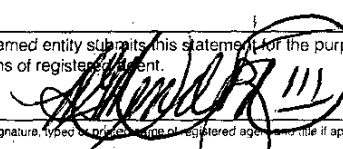


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01072004 Chg-P CR2E034 (10/03)

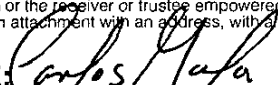
4. FEI Number <b>65-0294235</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>DE MENDOZA, MARIO G III</b> <b>12765 FOREST HILL BLVD STE 1302</b> <b>WEST PALM BEACH, FL 33414</b>		Name <b>Mario G. de Mendoza, III, P.A.</b> Street Address (P.O. Box Number is Not Acceptable) <b>12765 Forest Hill Blvd., Suite 1302</b> City <b>Wellington</b> <b>FL</b> <b>33414</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 	<b>Mario G. de Mendoza, III</b> DATE <b>2/4/04</b>

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2004 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <b>AS</b> NAME <b>DE MENDOZA, MARIO G III</b> STREET ADDRESS <b>12765 FOREST HILL BLVD STE 1302</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33414</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>PST</b> NAME <b>GRACIDA, CARLOS</b> STREET ADDRESS <b>12765 FOREST HILL BLVD STE 1302</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33414</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>AS</b> NAME <b>WILKINSON, DEBRA</b> STREET ADDRESS <b>251 ROYAL WAY</b> CITY-ST-ZIP <b>PALM BEACH, FL</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE <b>D</b> NAME <b>GRACIDA, CARLOS</b> STREET ADDRESS <b>12765 FOREST HILL BLVD STE 1302</b> CITY-ST-ZIP <b>WEST PALM BEACH, FL 33414</b>	<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"/> 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"/> Delete	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 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 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: 	<b>Carlos Gracida, President</b> Date _____ Daytime Phone # <b>(561) 798-1214</b>