



**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 14, 2008 08:00 AM
Secretary of State

| | |
|---|---|
| DOCUMENT # S92190 1. Entity Name LAS ESPUELAS CORPORATION |  |
|---|---|

| | |
|---|---|
| Principal Place of Business 13796 40TH STREET SOUTH WELLINGTON, FL 33414 US | Mailing Address 12765 FOREST HILL BLVD SUITE 1302 WELLINGTON, FL 33414 US |
|---|---|

DO NOT WRITE IN THIS SPACE



02282008 No Chg-P CR2E034 (11/05)

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

6. Name and Address of Current Registered Agent

**MARIO G. DE MENDOZA, III, P.A.
12765 FOREST HILL BLVD
SUITE 1302
WELLINGTON, FL 33414**

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| | | |
|---|---|---|
| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees | 000000857760 04/01/08-80017-017 150.00 |
|---|---|---|

| 10. OFFICERS AND DIRECTORS | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | AS DE MENDOZA, MARIO G III 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PST GRACIDA, CARLOS 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D GRACIDA, CARLOS 12765 FOREST HILL BLVD STE 1302 WEST PALM BEACH, FL 33414 |
| 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 exemptions contained 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 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: Carlos Gracida **03/10/08** **561-767-0452**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
Carlos Gracida, President