
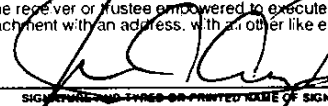


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 04, 2006 8:00 am
Secretary of State

08-04-2006 90016 006 ***550.00

DOCUMENT # F05000003743			
1. Entity Name HACIENDA LOMA LINDA, S.A. CORP.			
Principal Place of Business EDIFICIO TORRE MIRAMAR/AVE. BALBOA Y CALLE 39 PANAMA REP. OF PANAMA, OC		Mailing Address P.O. BOX 0816-02082 REPUBLIC OF PANAMA,	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent JOSEPHS, MICHAEL JOSEPHS, JACK & MIRANDA, P.A. 2950 S.W. 27TH AVENUE, SUITE 100 MIAMI, FL 33133		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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, handwritten name of registered agent and title, last name, (NOTE: Registered Agent's signature required when changing) DATE</small>			
FILE NOW!!! FEE IS \$550.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY ST ZIP	CP DR. JUAN A. ARIAS ZUBIETA P.O. BOX 0816-01082 PANAMA REP. OF PANAMA, <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	VCV JUAN ALBERTO ARIAS STRUNZ P.O. BOX 0816-02082 PANAMA REP. OF PANAMA, <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	DT MARIA EUGENIA STRUNZ DE ARIAS P.O. BOX 0816-02082 PANAMA REP. OF PANAMA, <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	DS ANA ISABEL ARIAS DE MOTTA P.O. BOX 0816-02082 PANAMA REP. OF PANAMA, <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 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 another like empowered.			
SIGNATURE: 		Date: 8/2/06 011-507-227-5757	
<small>SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> Juan A. Arias Zubieta		<small>Date</small>	

50024245



07212006 Chg-P CR2E034 (11/05)

4. FEI Number **98-0465692** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required