## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## Jan 24, 2007 8:00 am **Secretary of State** DOCUMENT # F05000003743 01-24-2007 90015 019 \*\*\*150.00 HACIENDA LOMA LINDA, S.A. CORP. Principal Place of Business Mailing Address EDIFICIO TORRE MIRAMAR/AVE. P.O. BOX 0816-02082 **3000000 BALBOA Y CALLE 39** REPUBLIC OF PANAMA, PANAMA REP. OF PANAMA, OC. 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01172007 CR2E034 (12/06) Chg-P City & State City & State 4. FEI Number Applied For 98-0465692 Not Applicable Zip 7ip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JOSEPHS, MICHAEL JOSEPHS, JACK & MIRANDA, P.A. Street Address (P.O. Box Number is Not Acceptable) 2950 S.W. 27TH AVENUE, SUITE 100 MIAMI, FL 33133 Zip Code FL 8. The above name of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations SIGNATURE/ (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2007 Fee will be \$550.00 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. CP TITLE ☐ Delete TITLE ☐ Change ☐ Addition DR. JUAN A. ARIAS ZUBIETA NAME NAME STREET ADDRESS P.O. BOX 0816-01082 STREET ADDRESS CITY-ST-ZIP PANAMA REP. OF PANAMA, CITY-ST-ZIP VCV TITLE ☐ Delete TITLE ☐ Change ☐ Addition JUAN ALBERTO ARIAS STRUNZ NAME NAME STREET ADDRESS P.O. BOX 0816-02082 STREET ADDRESS CITY-ST-ZIP PANAMA REP. OF PANAMA. CITY-ST-ZIP DT TITLE ☐ Defete TITLE ☐ Change ☐ Addition MARIA EUGENIA STRUNZ DE ARIAS NAME NAME P.O. BOX 0816-02082 STREET ADDRESS STREET ADDRESS PANAMA REP. OF PANAMA, CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition Change ANA ISABEL ARIAS DE MOTTA NAME NAME STREET ADDRESS P.O. BOX 0816-02082 STREET ADDRESS CITY-ST-ZIP PANAMA REP. OF PANAMA, CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME : NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 suppliemental 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 of 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. Juan A. Arian Zubiota 1/19/07 011-507-227-5757

NE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: