



FILED
Apr 04, 2008 8:00 am
Secretary of State

04-04-2008 90020 035 ***150.00

2008 FOR PROFIT CORPORATION ANNUAL REPORT

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 - No P.O. Box #		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		7. Name and Address of New Registered Agent	
JOSEPHS, MICHAEL JOSEPHS JACK 2950 S.W. 27TH AVENUE, SUITE 100 MIAMI, FL 33133		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)</small>			
FILE NOW!! FEE IS \$150.00 After May 1, 2008 Fee will be \$350.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS			
TITLE	CP <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR. JUAN A. ARIAS ZUBIETA	NAME	
STREET ADDRESS	P.O. BOX 0816-01082	STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,	CITY-ST-ZIP	
TITLE	VCV <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUAN ALBERTO ARIAS STRUNZ	NAME	
STREET ADDRESS	P.O. BOX 0816-02082	STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,	CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARIA EUGENIA STRUNZ DE ARIAS	NAME	
STREET ADDRESS	P.O. BOX 0816-02082	STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,	CITY-ST-ZIP	
TITLE	DS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ANA ISABEL ARIAS DE MOTTA	NAME	
STREET ADDRESS	P.O. BOX 0816-02082	STREET ADDRESS	
CITY-ST-ZIP	PANAMA REP. OF PANAMA,	CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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 lines empowered.			
SIGNATURE: 		JUAN A. ARIAS Z. MARCH 24/2008	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date</small>	

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

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