

# 2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000003743

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** HACIENDA LOMA LINDA, S.A. CORP.

**Current Principal Place of Business:**

EDIFICIO TORRE MIRAMAR/AVE.  
BALBOA Y CALLE 39  
PANAMA REP. OF PANAMA, XX XX

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 0816-02082  
PANAMA, REP. OF PANAMA, XX XX

**New Mailing Address:**

**FEI Number:** 98-0465692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

JOSEPHS, MICHAEL  
JOSEPHS JACK, P.A.  
2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR  
MIAMI, FL 33133 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: CP  
Name: DR. JUAN A. ARIAS ZUBIETA  
Address: P.O. BOX 0816-01082  
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: VCV  
Name: JUAN ALBERTO ARIAS STRUNZ  
Address: P.O. BOX 0816-02082  
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: DT  
Name: MARIA EUGENIA STRUNZ DE ARIAS  
Address: P.O. BOX 0816-02082  
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

Title: DS  
Name: ANA ISABEL ARIAS DE MOTTA  
Address: P.O. BOX 0816-02082  
City-St-Zip: PANAMA REP. OF PANAMA, XX XX

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: JUAN A. ARIAS ZUBIETA

CP

04/18/2011

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date