


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT (AR)**

**FILED**  
**Mar 25, 2005 8:00 am**  
**Secretary of State**

03-25-2005 90023 008 \*\*\*\*61.25

<b>DOCUMENT # N08848</b>	
1. Entity Name <b>LOS FLORIDANOS SOCIAL CLUB, INC.</b>	

Principal Place of Business <b>600 WEST 29TH ST %LOS FLORIDANOS S.C. HIALEAH FL 33012</b>	Mailing Address <b>9949 NW 27TH TERR C/O ALBERTO M REYES MIAMI FL 33172</b>
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1st MOORE CR2E037 (10/04)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>NO-T APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
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6. Name and Address of Current Registered Agent <b>REYES, ALBERTO M 9949 NW 27TH TERR MIAMI FL 33172</b>		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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE	PD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FULGUEIRA, MARIO			NAME			
STREET ADDRESS	908 SW 139 PLACE			STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP			
TITLE	VP	<input type="checkbox"/> Delete		TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ESTRADA, MANUEL			NAME			
STREET ADDRESS	1241 EST 8TH AVE.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010			CITY-ST-ZIP			
TITLE	SD	<input checked="" type="checkbox"/> Delete		TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CASTILLO, MARCOS			NAME	LEAL, ENEIDO		
STREET ADDRESS	901 SW 139TH PLACE			STREET ADDRESS	58 EST 11th. ST.		
CITY-ST-ZIP	MIAMI FL 33184			CITY-ST-ZIP	HIALEAH, FL. 33010		
TITLE	VS	<input checked="" type="checkbox"/> Delete		TITLE	VS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEAL, ENEIDO			NAME	ALONSO, JORGE		
STREET ADDRESS	60 EAST 11TH ST.			STREET ADDRESS	784 WST 56th. ST.		
CITY-ST-ZIP	HIALEAH FL 33010			CITY-ST-ZIP	HIALEAH, FL. 33012		
TITLE	TD	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	REYES, ALBERTO			NAME			
STREET ADDRESS	9949 NW 27TH TERR.			STREET ADDRESS			
CITY-ST-ZIP	DORAL FL 33172			CITY-ST-ZIP			
TITLE	VT	<input type="checkbox"/> Delete		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ALVAREZ, ROBERTO			NAME			
STREET ADDRESS	323 EAST 61 ST.			STREET ADDRESS			
CITY-ST-ZIP	HIALEAH FL 33010			CITY-ST-ZIP			

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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:** \_\_\_\_\_ **ALBERTO M. REYES** 03-20-05 305-593-2150

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #