

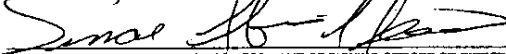


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 27, 2007 8:00 am
Secretary of State

04-27-2007 90178 013 ****61.25

DOCUMENT # N08848			
1. Entity Name LOS FLORIDANOS SOCIAL CLUB, INC.			
Principal Place of Business 600 WEST 29TH ST %LOS FLORIDANOS S.C. HIALEAH, FL 33012		Mailing Address 901 SW 141 AVE 308 C/O ALBERTO M REYES 33027, FL 33172	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address 17001 NE 6 Court	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State N. Miami Beach FL	
Zip	Country	Zip	Country
		33162	Miami Dade
4. FEI Number NOT APPLICABLE		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
REYES, ALBERTO M 901 SW 141 AVE 308 HOLLYWOOD, FL 33027		Name Susan Alonso-Imbachi	
		Street Address (P.O. Box Number is Not Acceptable) 17001 NE 6 Court	
		City N miami beach FL Zip Code 33162	
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 4/23/07	
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SANTAMARIA, ENRIQUE 4525 W 20 AVE 429 C HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Diaz, Francisco 1901 SW 33 AVENUE miami FL 33145 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BARRERO, BENIGNO 660W 72 PL HIALEAH, FL 33014 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP Imbachi, Jesus D. 17001 NE 6 Court N miami beach FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ALONSO, JORGE 784 W 56 ST HIALEAH, FL 33012 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Dacal, Jose 12950 SW 7 Court - A 103 Pembroke Pines FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DACAL, JOSE 12950 SW 7 CT PEMBROKE PINES, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS Alonso, Jorge 1200 SW 130 AVE 6112 Pembroke Pines FL 33027 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD REYES, ALBERTO M 901 SW 141 AVE 308 HOLLYWOOD, FL 33027 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Imbachi, Susan 17001 NE 6 Court N miami beach FL 33162 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT ALVAREZ, ROBERTO 323 EAST 61 ST. HIALEAH, FL 33010 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT Reyes, Alberto M. 901 SW 141 Ave - 308m Pembroke Pines FL 33027 <input checked="" 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 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: 		DATE 4/23/07 3058253535	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	