


**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 29, 2004 08:00 AM
Secretary of State

DOCUMENT # P01000080148
1. Entity Name
LOS VAGOS DIVERSIFIED SERVICES, INC.



Principal Place of Business Mailing Address
P.O. BOX 297584 P.O. BOX 297584
PEMBROKE PINES, FL 33029 PEMBROKE PINES, FL 33029

DO NOT WRITE IN THIS SPACE



01112004 No Chg-P CR2E034 (10/03)

4. FEI Number Applied For
65-1133464 Not Applicable

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

6. Name and Address of Current Registered Agent

LADINO, DEBORAH C
121 NORTHWEST 207 AVE.
PEMBROKE PINES, FL 33029

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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	D
NAME	LADINO, JOSE F
STREET ADDRESS	121 N.W. 207 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	D
NAME	LADINO, DEBORAH C
STREET ADDRESS	121 N.W. 207 AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33029
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/23/04-80032-021 150.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 like empowered.

SIGNATURE: *Deborah C. Ladino* DEBORAH C. LADINO 3/26/04 (954)435-7412
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #