2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Apr 04, 2005 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 PEMBROKE PINES FL 33029_ P.O. BOX 297584 PEMBROKE PINES FL 33029 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) Applied For City & State 4. FEI Number City & State 65-1133464 Not Applicable Zip \$8.75 Additional Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LADINO, DEBORAH C Street Address (P.O. Box Number is Not Acceptable) 121 NORTHWEST 207 AVE. PEMBROKE PINES FL 33029 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. Change Addition [TITLE Delete TITLE NAME LADINO, JOSE F NAME STREET ADDRESS 121 N.W. 207 AVE. STREET ADDRESS PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY-ST-ZIP Change Addition TITLE Detete TITLE UDD000286056 LADINO, DEBORAH C NAME NAME 94/04/05-80013-011 150.00 STREET ADDRESS STREET ADDRESS 121 N.W. 207 AVE. PEMBROKE PINES FL 33029 CITY-ST-ZIP CITY - ST - ZIP Change Addition ☐ Delete TIDE DELF NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Defete TITLE ☐ Change ☐ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete DIE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP 🔲 Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CDY-ST-ZIE 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 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.

C. Ladino 3/3, los

FILED