

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000319

FILED  
Jan 07, 2004  
Secretary of State

Entity Name: LOS ATREVIDOS, INC.

## Current Principal Place of Business:

23 TANE ROAD  
SANTA FE, NM 87506

## New Principal Place of Business:

2572 TANO COMPOUND DRIVE  
SANTA FE, NM 87506

## Current Mailing Address:

P.O. BOX 236  
SANTA FE, NM 875040236

## New Mailing Address:

FEI Number: 85-0424644      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

EMA, CHRISTOPHER J ESQ.  
2600 NE.E. 14TH STREET CAUSEWAY  
POMPAÑO BEACH, FL 33062 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

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: COB ( ) Delete  
Name: THOMPSON, LELAND JR.  
Address: P.O. BOX 1345  
City-St-Zip: SANTA FE, NM 87504

Title: PT ( ) Delete  
Name: THOMPSON, WARREN  
Address: P.O. BOX 236  
City-St-Zip: SANTA FE, NM 87504

Title: VP ( ) Delete  
Name: BENNETT, CAROLINE  
Address: 101 NATALIE LANE  
City-St-Zip: LONOKE, AR 72086

Title: D ( ) Delete  
Name: LOWE, TOM  
Address: 4800 N. SCOTTSDALE ROAD, SUITE 1400  
City-St-Zip: SCOTTSDALE, AZ 85251

Title: D ( ) Delete  
Name: KILLION, TOM  
Address: P.O. BOX 609  
City-St-Zip: SANTA FE, NM 87504

Title: VP ( ) Delete  
Name: COOK, MARY ANN  
Address: 12122 NORTH EASTERN  
City-St-Zip: OKLAHOMA CITY, OK 73034

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: MARTIN, PAM  
Address: P.O. BOX 609  
City-St-Zip: SANTA FE, NM 87504

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: WARREN THOMPSON

PT

01/07/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date