

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000319

Entity Name: LOS ATREVIDOS, INC.

FILED  
Jan 10, 2007  
Secretary of State

## Current Principal Place of Business:

2572 TANO COMPOUND DRIVE  
SANTA FE, NM 87506

## New Principal Place of Business:

## 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 ( )

## Name and Address of Current Registered Agent:

A1A REGISTERED AGENT INC.  
92 SADBERRY ROAD  
QUINCY, FL 32351 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: DPT ( ) Delete  
Name: THOMPSON, WARREN A  
Address: P.O. BOX 236  
City-St-Zip: SANTA FE, NM 875040236 US

Title: DVP ( ) Delete  
Name: COOK, MARY ANN  
Address: 12122 NORTH EASTERN  
City-St-Zip: OKLAHOMA CITY, OK 73131 US

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

Title: DVP ( ) Delete  
Name: KELLER, JULIE  
Address: 3901 PLUM CREEK CIRCLE  
City-St-Zip: OKLAHOMA CITY, OK 73131 US

Title: D ( ) Delete  
Name: THOMPSON, EVALINE R  
Address: 3101 OLD PECOS TRAIL, #916  
City-St-Zip: SANTA FE, NM 87505 US

Title: S ( ) Delete  
Name: MILES, DONNA K  
Address: P.O. BOX 236  
City-St-Zip: SANTA FE, NM 875040236 US

## 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: DVP (X) Change ( ) Addition  
Name: KELLER, JULIE  
Address: 3916 OLD FOREST LANE  
City-St-Zip: OKLAHOMA CITY, OK 73131 US

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

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 Chapter 119, 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: DONNA K. MILES

SEC

01/10/2007

Electronic Signature of Signing Officer or Director

Date