

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000000319

Entity Name: LOS ATREVIDOS, INC.

FILED
Jan 08, 2008
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: 3916 OLD FOREST LANE
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: () Change () Addition
Name:
Address:
City-St-Zip:

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 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

01/08/2008

Electronic Signature of Signing Officer or Director

_____ Date