

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Jul 23, 2004 8:00 am
Secretary of State

07-23-2004 90002 030 ***150.00

DOCUMENT # F86808

1. Entity Name
LOS GUIRENOS, INC.



Principal Place of Business

**C/O FRANCISCO VELOSO
2160 SW 8TH ST
MIAMI, FL 33135**

Mailing Address

**C/O FRANCISCO VELOSO
2160 SW 8TH ST
MIAMI, FL 33135**

54064521



07192004 No Chg-P CR2E034 (10/03)

4. FEI Number 59-2208132	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**VELOSO, FRANCISCO
8925 COLLINS AVE, APT 10D
SURFSIDE, FL 33154**

**DO NOT WRITE
IN THIS SPACE**

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

In accordance with s. 607.193(2)(b), F.S., the
corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	VELOSO, FRANCISCO
STREET ADDRESS	8925 COLLINS AVE APT 10D
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	ST
NAME	VELOSO, ANA
STREET ADDRESS	8925 COLLINS AVE, APT 10D
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	T
NAME	VELOSO, FRANK MIGUEL
STREET ADDRESS	8925 COLLINS AVE APT 10D
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	T
NAME	VELOSO, JAVIER MIGUEL
STREET ADDRESS	8925 COLLINS AVE #100 10D
CITY-ST-ZIP	SURFSIDE, FL 33154
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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.

SIGNATURE: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #