2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K20503

FILED Mar 24, 2004 Secretary of State

Entity Name: LOS R	ANCHOS OF BAYSIDE, INC.		•	
Current Principal Place of Business:		New Principal Place of	of Business:	
401 BISCAYNE BLVD STE N-100 MIAMI, FL 33132 L	JS			
Current Mailing Address:		New Mailing Address	New Mailing Address:	
401 BIXCAYNE BLVD STE N-100 MIAMI, FL 33132 L	JS	401 BISCAYNE BLVD STE N-100 MIAMI, FL 33132 US	6	
FEI Number: 65-0090234	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and Address of Current Registered Agent:		Name and Address of	Name and Address of New Registered Agent:	
RIOS, LUIS 8360 W. FLAGLER ST MIAMI, FL 33144 L	Γ. US			
The above named ent in the State of Florida.	ity submits this statement for the p	urpose of changing its registered	office or registered agent, or both,	
SIGNATURE:				
Elect	ronic Signature of Registered Age	nt	Date	
Election Campaign Finan	cing Trust Fund Contribution ().			
OFFICERS AND DIRECTORS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: PD Name: SOMOZA, N Address: 401 BISCA' City-St-Zip: MIAMI, FL	/NE BLVD., STE. N-100	Name: SOMOZA, M	NE BLVD., STE. N-100	
Title: SD Name: WONG, JU/	() Delete N C	Title: SD (Name: WONG, JUAN	(X) Change ()Addition I CARLOS	

Title:

Address:

City-St-Zip:

() Delete Name: VALENCIA, MARIA ELENA

MIAMI, FL 33132

401 BISCAYNE BLVD., STE. N-100

Address: 401 BISCAYNE BLVD., STE. N-100

MIAMI, FL 33132 City-St-Zip:

Title: VD () Delete SOMOZA, LÚIŚ Name:

401 BISCAYNE BLVD., STE. N-100 Address:

MIAMI, FL 33132 City-St-Zip:

WONG, JUAN CARLOS

Address: 401 BISCAYNE BLVD., STE. N-100

MIAMI, FL 33132 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 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: MYRNA SOMOZA PD 03/24/2004