

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000075209

Entity Name: LOS CHAMOS LLC

FILED
Mar 28, 2009
Secretary of State

Current Principal Place of Business:

14748 SW 56TH ST
137
MIAMI, FL 33185

New Principal Place of Business:

Current Mailing Address:

14748 SW 56TH ST
137
MIAMI, FL 33185

New Mailing Address:

FEI Number: 20-1784870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VALERA, MIGUEL E
14748 SW 56TH ST
137
MIAMI, FL 33185 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

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: VALERA, MIGUEL
Address: 14748 SW 56TH ST
City-St-Zip: MIAMI, FL 33185

Title: MGR () Delete
Name: BLANCO, NORELIS J MRS
Address: 14748 SW 56TH ST
City-St-Zip: MIAMI, FL 33185

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: VALERA, MIGUEL
Address: 14748 SW 56TH ST
City-St-Zip: MIAMI, FL 33185 US

Title: MGR (X) Change () Addition
Name: BLANCO, NORELIS J MRS
Address: 14748 SW 56TH ST
City-St-Zip: MIAMI, FL 33185 US

Title: MGR () Change (X) Addition
Name: SOSA, ARLETTE MRS
Address: 14748 SW 56TH ST # 137
City-St-Zip: MIAMI, FL 33185 US

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 is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: NIGUEL VALERA

MR

03/28/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date