


# 2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # M57940		
1. Entity Name LARIOS CORPORATION		

Principal Place of Business 7705 W. FLAGLER ST. MIAMI, FL 33126	Mailing Address 7705 W. FLAGLER ST. MIAMI, FL 33126
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2. Principal Place of Business - No P.O. Box # 7705 West Flagler Street	3. Mailing Address 7705 West Flagler Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.

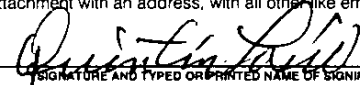
City & State Miami, FL	City & State Miami, FL
Zip 33144	Country U.S.
Zip 33144	Country U.S.

6. Name and Address of Current Registered Agent  LARIOS, QUINTIN 735 CALATRAVA AV CORAL GABLES, FL 33143		7. Name and Address of New Registered Agent Name N/A Street Address (P.O. Box Number is Not Acceptable)  City FL Zip Code	
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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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>	DATE _____ <small>(NOTE: Registered Agent signature required when reinstating)</small>

Amended AR is \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P LARIOS, QUINTIN 735 CALATRAVA AV CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 400113354584 12/24/07--01004--002 **\$61.25
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V LARIOS, MARIA T 735 CALATRAVA AV CORAL GABLES, FL 33143 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CARRERAS, MARIA 7250 SW 102ND ST MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MARTINEZ, DELIA 7296 S.W. 102ND STREET MIAMI, FL 33156 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALENZUELA, GONZALO JR 1206 MANATI AVE CORAL GABLES, FL 33146 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	Date 12-06-07 Daytime Phone 305-266-5494

FILED  
07 DEC 14 PM 1:17  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



11162007 Chg-P CR2E034 (12/06)