

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002859

FILED  
Apr 05, 2006  
Secretary of State

Entity Name: LOS BOHEMIOS-BOHEMIA, INC.

## Current Principal Place of Business:

168 SANDELWOOD DR  
KISSIMMEE, FL 34743

## New Principal Place of Business:

168 SANDALWOOD DR  
KISSIMMEE, FL 34743

## Current Mailing Address:

168 SANDELWOOD DR  
KISSIMMEE, FL 34743

## New Mailing Address:

168 SANDALWOOD DR  
KISSIMMEE, FL 34743

FEI Number: 05-0567544

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

SANTIAGO, MAGALY  
1770 W CARROLL ST  
KISSIMMEE, FL 34741 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

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: RUIZ, FELIPE  
Address: 168 SANDELWOOD DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: SANTIAGO, GLADYS  
Address: 168 SANDELWOOD DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: D ( ) Delete  
Name: SANTIAGO, MAGALY  
Address: 1770 W CARROLL ST  
City-St-Zip: KISSIMMEE, FL 34741

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: RUIZ, FELIPE  
Address: 168 SANDALWOOD DR  
City-St-Zip: KISSIMMEE, FL 34743

Title: D (X) Change ( ) Addition  
Name: SANTIAGO, GLADYS  
Address: 168 SANDALWOOD DR  
City-St-Zip: KISSIMMEE, FL 34743

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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: GLADYS SANTIAGO

D

04/05/2006

Electronic Signature of Signing Officer or Director

Date