


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 14, 2008 8:00 am**  
**Secretary of State**

02-14-2008 90023 009 \*\*\*\*61.25

DOCUMENT # N07000000119		
1. Entity Name LOS RIDERS, INC		

40024918



Principal Place of Business 13435 OKLAHOMA WOODS CRT ORLANDO, FL 32824	Mailing Address 13435 OKLAHOMA WOODS CRT ORLANDO, FL 32824
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2. Principal Place of Business - No P.O. Box # 18310 Belvedere Rd.	3. Mailing Address 18310 Belvedere Rd.
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02122008 Chg-NP CR2E037 (12/06)

City & State Orlando, FL.	City & State Orlando, FL.
Zip 32820	Zip 32820
Country U.S.A.	Country U.S.A.

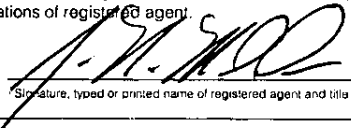
4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent STEINBERG, PETER A 13435 OKLAHOMA WOODS CRT ORLANDO, FL 32824	
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7. Name and Address of New Registered Agent	
Name Jose N. Millan	
Street Address (P.O. Box Number is Not Acceptable) 18310 Belvedere Rd.	
City Orlando	FL Zip Code 32820

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  Jose N. Millan 2-13-08  
(NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee Is \$61.25  
Due by May 1, 2008

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHAVELO, ISABELO 2924 BLACKELY DRIVE ORLANDO, FL 32835 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Jose N. Millan - PRES. 18310 Belvedere Rd. Orlando, FL. 32820 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PEREZ, HERMINIO 2729 FOXWOOD CT ORLANDO, FL 32818 <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	TREA HERNANDEZ, RAYMOND 3155 RUSTIC DRIVE KISSIMMEE, FL 34744 <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	TRUS MILLAN, NOEL 18310 BELVEDERE DRIVE ORLANDO, FL 32818 <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
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 617, 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 files empowered.

SIGNATURE:  Jose N. Millan 2-13-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #