


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Feb 09, 2004 8:00 am**  
**Secretary of State**

02-09-2004 90018 036 \*\*\*150.00

<b>DOCUMENT # P00000045686</b> 1. Entity Name <b>LOS AMIGOS, INC.</b>					
Principal Place of Business <b>1632 MISSOURI AVENUE NORTH LARGO, FL 33770</b>			Mailing Address <b>1632 MISSOURI AVENUE NORTH LARGO, FL 33770</b>		
2. Principal Place of Business Suite, Apt. #, etc...			3. Mailing Address Suite, Apt. #, etc...		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3682839</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/>	
5. Certificate of Status Desired <input type="checkbox"/>				Not Applicable <input type="checkbox"/>	
6. Name and Address of Current Registered Agent <b>RODRIGUES, LEONARDO 1632 MISSOURI AVENUE NORTH LARGO, FL 33770</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		
<b>\$5.00 May Be Added to Fees</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RODRIGUEZ, LEONARDO</b> <b>3010 S. PINES DR., UNIT 103</b> <b>LARGO, FL 33771</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <b>RODRIGUEZ, LEONARDO</b> <b>3421 Merlin DR</b> <b>Clearwater FL 33761</b>
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RODRIGUEZ, ELEUTERIO</b> <b>2025 ROGERS STREET</b> <b>LARGO, FL 33771</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <b>RODRIGUEZ, ELEUTERIO</b> <b>3010 S PinesDr Unit 103</b> <b>Largo FL 33771</b>
<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					
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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 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 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.					
<b>SIGNATURE: <u>Leonardo Rodriguez</u></b> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<div style="display: flex; justify-content: space-between;"> <span><b>Jan 15, 2004</b></span> <span><b>727-582-9895</b></span> </div>					