
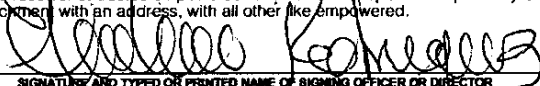


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 15, 2006 8:00 am
Secretary of State

05-15-2006 90036 043 ***158.76

DOCUMENT # P00000045686							
1. Entity Name LOS AMIGOS, INC.							
Principal Place of Business 1632 MISSOURI AVENUE NORTH LARGO, FL 33770			Mailing Address 1632 MISSOURI AVENUE NORTH LARGO, FL 33770				
2. Principal Place of Business			3. Mailing Address				
Suite, Apt. #, etc.			Suite, Apt. #, etc.				
City & State			City & State				
Zip	Country	Zip	Country	4. FEI Number 59-3682839			
				Applied For Not Applicable			
				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
RODRIGUES, LEONARDO 1632 MISSOURI AVENUE NORTH LARGO, FL 33770			Name				
			Street Address (P.O. Box Number is Not Acceptable)				
			City			FL	Zip Code
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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____							
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
				In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11				
TITLE	D	<input type="checkbox"/> Delete	TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, LEONARDO		NAME	Rodriguez Leonardo			
STREET ADDRESS	1821 SHARONDALE DR		STREET ADDRESS	2400 Feather Sound Dr # 1417			
CITY-ST-ZIP	CLEARWATER, FL 33755		CITY-ST-ZIP	Clearwater Fl 33762			
TITLE	VP	<input type="checkbox"/> Delete	TITLE	VPTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	RODRIGUEZ, ELEUTERIO		NAME	Rodriguez Eleuterio			
STREET ADDRESS	3010 S PINES DR UNIT 103		STREET ADDRESS	1821 Sharondale Dr			
CITY-ST-ZIP	LARGO, FL 33771		CITY-ST-ZIP	Clearwater Fl 33755			
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			NAME				
STREET ADDRESS			STREET ADDRESS				
CITY-ST-ZIP			CITY-ST-ZIP				
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: 			05/09/06 (7A) 4178132				
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #				