


**2007 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 01, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # P00000045686**

1. Entity Name  
**LOS AMIGOS, INC.**



Principal Place of Business      Mailing Address

1632 MISSOURI AVENUE NORTH      1632 MISSOURI AVENUE NORTH  
 LARGO, FL 33770                      LARGO, FL 33770

**DO NOT WRITE IN THIS SPACE**



01262007    No Chg-P    CR2E034 (11/05)

4. FEI Number <b>59-3682839</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

6. Name and Address of Current Registered Agent

**RODRIGUES, LEONARDO**  
 1632 MISSOURI AVENUE NORTH  
 LARGO, FL 33770

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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2007 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP RODRIGUEZ, LEONARDO 2400 FEATHER SOUND DR. @1217 CLEARWATER, FL 33762
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPTS RODRIGUEZ, ELEUTERIO 1821 SHARONDALE DR. CLEARWATER, FL 33755
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 02/06/07-80081-018 158.75

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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 807, 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:** *Eleuterio Rodriguez*    Eleuterio Rodriguez    1-25-07    727-4178132

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #