

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 20, 2004 8:00 am
Secretary of State

01-20-2004 90081 006 ***150.00

DOCUMENT # P00000051908					
1. Entity Name LOS LAGOS, INC.					
Principal Place of Business 2791 N.E. 56TH COURT FT. LAUDERDALE, FL 33308			Mailing Address 2791 N.E. 56TH COURT FT. LAUDERDALE, FL 33308		
2. Principal Place of Business 5801 NE 18 Ave Suite, Apt. #, etc.		3. Mailing Address PO Box 611653 Suite, Apt. #, etc.			
City & State Fort Laud FL		City & State Pompano Bch FL		4. FEI Number 65-1010276	
Zip 33334		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARTINEZ-MANUEL 2791 N.E. 56TH COURT FT. LAUDERDALE, FL 33308			7. Name and Address of New Registered Agent Name: Martinez, Manuel Street Address (P.O. Box Number is Not Acceptable): 2590 SE 9 Street City: Pompano Beach FL Zip Code: 33062		
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, 2004 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MARTINEZ, MANUEL 2791 N.E. 56TH COURT FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD Martinez, Manuel 2590 SE 9 Street Pompano Beach FL 33062	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD MOLINA, ROSENVEL 2791 N.E. 56TH COURT FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD Molina, Rosenvel 871 SE 7 Avenue Pompano Beach FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD MOLINA, SANTOS R 2791 N.E. 56TH COURT FT. LAUDERDALE, FL 33308	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TSD Molina, Santos R 498 SE 13 Street Pompano Bch, FL 33060	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition (address)
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
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.					
SIGNATURE: <u>Rosenvel Molina</u> 1-13-04 9546495479 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					