


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 26, 2004 8:00 am
Secretary of State

03-12-2004 90005 023 ***150.00

DOCUMENT # P00000065753	
1. Entity Name LOS PINOS PROPERTIES, INC.	

Principal Place of Business 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131	Mailing Address 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131
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2. Principal Place of Business 3225 AVIATION AVE	3. Mailing Address 3225 AVIATION AVE
Suite, Apt. #, etc. SUITE # 601	Suite, Apt. #, etc. SUITE # 601

City & State COCONUT GROVE - FLA	City & State COCONUT GROVE - FLA
Zip 33133	Country U.S.A

4. FEI Number 65-1028466	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 MANASTER, JOSHUA D ESQ. 1428 BRICKELL AVE., 8TH FLOOR MIAMI FL 33131
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7. Name and Address of New Registered Agent 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 reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$350.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE/NAME D MANASTER, JOSHUA D	<input type="checkbox"/> Delete
STREET ADDRESS 1428 BRICKELL AVE., 8TH FLOOR	
CITY-ST-ZIP MIAMI FL 33131	
TITLE/NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE/NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE/NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	
TITLE/NAME	<input type="checkbox"/> Delete
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE/NAME GERARDO CISNEROS	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 361 LOS PINOS PL.	
CITY-ST-ZIP COCONUT GROVE, FLORIDA 33143	
TITLE/NAME JOSHUA MANASTER	Addition
TITLE/NAME TITLE: MANAGER.	Addition
TITLE/NAME GERARDO CISNEROS	Addition
TITLE/NAME PRESIDENT.	Addition
TITLE/NAME	Addition
TITLE/NAME	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: *Gerardo Cisneros* **GERARDO CISNEROS** 3/4/04 305-858-2404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #