

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 17, 2004 8:00 am
Secretary of State

02-17-2004 90013 029 ***150.00

DOCUMENT # P00000087403

1. Entity Name
LOS CABOS, INC.



Principal Place of Business

**139 SW 153RD STREET
SEATTLE, WA 98166**

Mailing Address

**POST OFFICE BOX 48237
SEATTLE, WA 98148**

04007422



01052004 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
91-2079804

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(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
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	DIR.
NAME	RAMOS, HECTOR V.P.
STREET ADDRESS	25405 126TH AVENUE SE
CITY - ST - ZIP	KENT, WA 98031
TITLE	DIR.
NAME	RAMOS, JOSE LUIS PRES.
STREET ADDRESS	601 SOUTH 227TH, APT 207-S
CITY - ST - ZIP	DES MOINES, WA 98198
TITLE	DIR.
NAME	RAMOS, JAIME F SECT TR
STREET ADDRESS	1284 SW SHOREBROOK DRIVE
CITY - ST - ZIP	SEATTLE, WA 98166
TITLE	DIR.
NAME	RAMOS, VICTOR M V.P.
STREET ADDRESS	2417 NW 60TH STREET
CITY - ST - ZIP	SEATTLE, WA 98107
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #