

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000087403

Entity Name: LOS CABOS, INC.

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

8800 STATE ROAD 84  
DAVIE, FL 33324

## New Principal Place of Business:

## Current Mailing Address:

POST OFFICE BOX 48237  
SEATTLE, WA 98148

## New Mailing Address:

FEI Number: 91-2079804

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DIR. ( ) Delete  
Name: RAMOS, HECTOR V.P.  
Address: 25405 126TH AVENUE SE  
City-St-Zip: KENT, WA 98031 US

Title: DIR. ( ) Delete  
Name: RAMOS, JOSE LUIS PRES.  
Address: 19404 6TH AVE. S.  
City-St-Zip: DES MOINES, WA 98148 US

Title: DIR. ( ) Delete  
Name: RAMOS, JAIME F SECT TR  
Address: 1284 SW SHOREBROOK DRIVE  
City-St-Zip: SEATTLE, WA 98166

Title: DIR ( ) Delete  
Name: RAMOS, VICTOR M V.P.  
Address: 4652S. 160TH ST.  
City-St-Zip: TUKWILA, WA 98188 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSE L. RAMOS

PRES

03/23/2009

Electronic Signature of Signing Officer or Director

Date