

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000107779

Entity Name: LOS MOSHOS I, INC.

FILED
Apr 30, 2004
Secretary of State

Current Principal Place of Business:

155 OCEAN LANE DRIVE., UNIT 1200
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

C/O MERMELSTEIN HIDALGE
3211 PONCE DE LEON BLVD, 305
CORAL GABLES2, FL 33134

New Mailing Address:

FEI Number: 65-1079389

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS
103 N MERIDIAN STREET LOWER LEVEL
TALLAHASSEE, FL 32301 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: P () Delete
Name: MOREL, RENE
Address: 155 OCEAN LANE DRIVE., UNIT 1200
City-St-Zip: KEY BISCAYNE, FL 33149

Title: VST () Delete
Name: DE MOREL, LOUISE
Address: 155 OCEAN LANE DRIVE., UNIT 1200
City-St-Zip: KEY BISCAYNE, FL 33149

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 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 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: LOUISE DE MOREL

VP

04/30/2004

Electronic Signature of Signing Officer or Director

Date