


**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 09, 2005 08:00 AM
Secretary of State

DOCUMENT # P00000109649		
1. Entity Name GILBERTO Y JULIAN DE LOS RIOS & COMPANY INC.		
Principal Place of Business 3684 PINE HURST DR #1 LAKE WORTH, FL 33467	Mailing Address 3684 PINE HURST DR #1 LAKE WORTH, FL 33467	
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent DE LOS RIOS, GILBERTO 11470 NW 4TH LANE MIAMI, FL 33172		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 _____ <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reissuing)</small>		
FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD DE LOS RIOS, GILBERTO 11470 NW 4TH LANE MIAMI, FL 33172	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVD DE LOS RIOS, JULIAN 11470 NW 4TH LANE MIAMI, FL 33172	
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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>Gilberto De los Rios</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<u>05/02/05</u> <small>Date Daytime Phone #</small>



05052005 No Chg-P CR2E034 (10/03)

4. FEI Number 65-1059578 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

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05/09/05-80018-002 150.00