

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # P01000085542

1. Entity Name
LOS TRAVIESOS INC.



Principal Place of Business Mailing Address
3624 NW 36 ST 3624 NW 36 ST
MIAMI, FL 33142 MIAMI, FL 33142



02122005 No Chg-P CR2E034 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
26-0008917

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

MILLIAN, JOSE M
6675 W 4 AVE APT 406
HIALEAH, FL 33012

**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, 2005 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

100000237055
02/21/05-80045-001 150.00

10. OFFICERS AND DIRECTORS

TITLE PD
NAME MILIAN, JOSE M
STREET ADDRESS 6675 W 4TH AVE APT 406
CITY-ST-ZIP HIALEAH, FL 33012

TITLE STD
NAME REY, ORLANDO D
STREET ADDRESS 3634 NW 36 ST
CITY-ST-ZIP MIAMI, FL 33142

TITLE
NAME
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CITY-ST-ZIP

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CITY-ST-ZIP

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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)(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: *Jose Milian*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-05 305633-1707

Date

Daytime Phone #