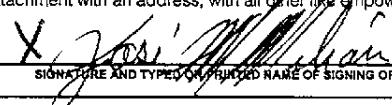


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

**FILED
May 01, 2006 08:00 AT
Secretary of State**

DOCUMENT # P01000085542		
1. Entity Name LOS TRAVIESOS INC.		
Principal Place of Business 3624 NW 36 ST MIAMI, FL 33142		Mailing Address 3624 NW 36 ST MIAMI, FL 33142
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent MILLIAN, JOSE M 6675 W 4 AVE APT 406 HIALEAH, FL 33012		
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, 2006 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE PD NAME MILLIAN, 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 STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 # _____		



04272006 No Chg-P CR2E034 (11/05)

4. FEI Number 26-0008917	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

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05/15/06-80024-003 150.00

**DO NOT WRITE
IN THIS SPACE**