2006 FOR PROFIT CORPORATION

2006 08:00 Al

ANNUAL REPORT			Niay 02, 2006 08:00 Secretary of State				
DOCUMENT # P01000120			56	cretary	oi State		
LOS CUYANOS, CO. INC.							
Principal Place of Business 3851 NE 10TH AVE,	Mailing Address 3851 NE 10TH AVE.						
APT. #1 NORTH BAY VILLAGE, FL 33141	APT. #1						
		<u> </u>					
DO NOT WOITE IN THIS SPACE			04252006	No Chg-P	CR2E034 (1	1/05)	
DO NOT WRITE IN THIS SPAC		CE	4. FEI Number 80-000323			Applied For Not Applicable	
		ومسو و	5. Certificate	of Status Desired		75 Additional Regulred	
6. Name and Address of Current R	egistered Agent	· · · · · · · · · · · · · · · · · · ·	<u> </u>				
AGUILAR, JOSE L 1801 S. TREASURE DR., #412-A		DO	NOT W	RITE			
NORTH BAY VILLAGE, FL 33141			IN '	THIS SF	PACE		
			<u>,</u>	<u> </u>	A, V	may \$500	
The above named entity submits this statement for the obligations of registered agent.	the purpose of changing its register	ed office or registe	red agent, or bi	oth, in the State of Fl	orida. I am famili	ar with, and accept	
SIGNATURE Signature Typed or printed name of registered agent an	d die if applicable. (NOTE, Registore	ed Agent signature require	d when reinstaling)		DATE	10.55	
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.0	9. Election Campaign Finar		.00 May Be led to Fees	U00000	1557 8 26 -80066-00		
10. OFFICERS AND D	DIRECTORS	1					
NAME AGUILAR, JOSE L		1					
STREET ADDRESS 7851 NE 10 AVE. CITY-ST-ZIP MIAMI, FL 33138							
TITLE	··-································	1					
NAME STREET ADDRESS		1					
CITY-ST-ZIP		-					
NAME							
STREET ADDRESS CITY-ST-ZIP			DO	NOT W	RITE		
TITLE			IN	THIS SI	PACE		
NAME STREET ADDRESS							
CLTY-SY-ZIP	<u> </u>	1					
TITLE NAME		1					
STREET ADDRESS		1					

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 reliever 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 attacking in twin an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY+ST-ZIP

URE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR