


# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2008 08:00 AM**  
**Secretary of State**

DOCUMENT # P02000023159 1. Entity Name AMIGOS DEL REY, INC.	
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Principal Place of Business 515 SW 12 AVE STE 525A MIAMI, FL 33130 US	Mailing Address 515 SW 12 AVE STE 525A MIAMI, FL 33130 US
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**DO NOT WRITE IN THIS SPACE**



04142008 No Chg-P CR2E034 (11/05)

4. FEI Number 94-3425069	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  LINDELIE, ANITA 515 SW 12 AVE 525 A MIAMI, FL 33130	<b>DO NOT WRITE IN THIS SPACE</b>
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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 (NOT: Registered Agent signature required when reinstating)</small>	DATE _____
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<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	U000000906499 05/02/08-00024-023 150.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD LINDELIE, ANITA 515 SW 12 AVE 525 A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CRUIZ, MIGUEL A 515 SW 12 AVE 525 A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD IZA, NURYS 515 SW 12 AVE 525 A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD DIAZ, SAHIA 515 SW 12 AVE STE 525 A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PLACERES, NESTOR 515 SW 12 AVE 525 A MIAMI, FL 33130
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOTO, CARLOS 515 SW 12 AVE 525 A MIAMI, FL 33130

**DO NOT WRITE IN THIS SPACE**

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: 	Date: 4/14/07	Daytime Phone: #
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		