


2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P02000105803	
1. Entity Name LOS BERNACULOS, INC.	

Principal Place of Business 3590 N.W. 79 ST. MIAMI, FL 33147	Mailing Address 3590 N.W. 79 ST. MIAMI, FL 33147
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FILED
04 JUL 19 AM 11:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



07162004 No Chg-P CR2E034 (10/03)

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4. FEI Number 36-4514488	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

ALVAREZ, ARIANNE
3590 N.W. 79 ST.
MIAMI, FL 33147

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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 _____ (NOTE: Registered Agent signature required when reinstating)
Signature, typed or printed name of registered agent and title if applicable. DATE 07/28/04--01042--008 **300.00

FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALVAREZ, ARIANNE 3590 N.W. 79 ST. MIAMI, FL 33147
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MORENO, PEDRO 7035 NW 186 ST., APT. D101 MIAMI LAKES, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SANCHEZ, JUAN 452 E. 31 ST. HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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)(i), 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:  **ARIANNA ALVAREZ**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR President 7/16/04 (305) 696-8108
Date Daytime Phone #