2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED Apr 17, 2006 8:00 am Secretary of State

DOCUMENT # P03000064241 1. Entity Name LOS GUARDADOS, CORP.						04-17-200	06 90420	0 041 ***15	50.00	
Principal Place of Business		Mailing Address							00	
830 NW 38TH ST Oakland PK, FL 33309		830 NW 38TH ST Oakland PK, FL 33309					Ü	00132	U 3	
		1 - 1 - 1								
2. Principal Place of Business		3. Mailing Address						61818 1 1 1 1 1 1 1		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04122006	Chg-P	CR2E	034 (11/05)		
City & State		City & State			4. FEI Number 14-188				plied For t Applicable	
Zip	Country	Zip	Country /		5. Certificate	of Status Desired	· 🗆	\$8.75 Add		
	- 6. Name and Address of Current I	Registered Agent			7. Name and	Address of New	Registered			
JOSEPH K. NOFIL, P.A.				Name						
3284 N STATE RD 7 LAUDERDALE LAKES, FL 33319			Street A	Street Address (P.O. Box Number is Not Acceptable)						
B (OBENDALE BARES, TE SOOTS										
			City				F	Zip Code	•	
8. The above the obligat	named entity submits this statement for ions of registered agent.		egistered office or	registere	ed agent, or bo	th, in the State of	Florida. I ar	n familiar with,	and accept	
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
	E NOW!!! FEE IS \$150.00 ay 1, 2006 Fee will be \$550.0	9. Election Campaign Trust Fund Contrib			00 May Be ed to Fees					
10.	OFFICERS AND I	DIRECTORS	11.		ADDITIONS/	CHANGES TO O	FFICERS AN	D DIRECTORS	S IN 11	
TITLE NAME	DPT GUARDADO, REINALDO	☐ Detete	TITLE NAME			2 C-12	CT.	☐ Change	Addition	
STREET ADDRESS	840 NW 38TH ST		STREET ADDRESS	830	>NW	3077		333110	1	
CITY-ST-ZIP	OAKLAND PK, FL 33309		CITY-ST-ZIP	0a	Klang	PICI	7		7	
TITLE NAME	DVS GUARDADO, BUENAVENTURA	☐ Delete	TITLE NAME		•	38th (d PIC) U 38th	67	- enange	Addition	
STREET ADDRESS	840 NW 38TH ST		STREET ADDRESS	83	ON	0 35/	201	, ,		
CITY-ST-ZIP	OAKLAND PK, FL 33309		CITY-ST-ZIP	(2)	<u>alla</u>	ha P	K, M	_ 33%	<u>27</u>	
TITLE NAME		Detete	TITLE NAME :					Change	☐ Addition	
STREET ADDRESS			STREET ADDRESS							
CITY-ST-ZIP		☐ Delete	CITY-SI-ZIP					☐ Change	Addition	
NAME		□ D€*€′€	NAME					C. Change	L Addition	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Detete	TITLE					Change	Addition	
NAME			NAME					_ ,	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP							
TITLE		☐ Detete	TITLE				-	☐ Change	Addition	
NAME STREET ADDRESS			NAME							
CITY-ST-ZIP			STREET ADDRESS CITY-\$1-ZIP							

12. I hereby certify that the information supplied with this filling 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:

REPORT OF PRINTED AME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone **