


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 27, 2004 8:00 am**  
**Secretary of State**

02-10-2004 90023 021 \*\*\*163.75

<b>DOCUMENT #</b> P03000136233	
<b>1. Entity Name</b> LOS DESPERADOS DE OKEECHOBEE, INC.	

<b>Principal Place of Business</b> 1319 N.W. 36TH STREET OKEECHOBEE FL 34972	<b>Mailing Address</b> 1319 N.W. 36TH STREET OKEECHOBEE FL 34972
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<b>2. Principal Place of Business</b> 702 SW 2nd St Suite, Apt. #, etc.	<b>3. Mailing Address</b> 1319 NW 36 St Suite, Apt. #, etc.
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<b>City &amp; State</b> Okeechobee FL 34972	<b>City &amp; State</b> Okeechobee FL
<b>Zip</b> 34972	<b>Country</b>
<b>Zip</b> 34972	<b>Country</b>

<b>4. FEI Number</b> 59-3773153	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

<b>6. Name and Address of Current Registered Agent</b>	
MEDELLIN, CELIA 1319 N.W. 36TH STREET OKEECHOBEE FL 34972	

<b>7. Name and Address of New Registered Agent</b>	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	FL Zip Code

<b>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.</b>	
<b>SIGNATURE</b> <i>Celia Medellin</i>	<b>DATE</b>

<b>FILE NOW!!! FEE IS \$150.00</b> After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
<b>TITLE</b> D	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MEDELLIN, CELIA		<b>NAME</b>	
<b>STREET ADDRESS</b> 1316 N.W. 36TH STREET		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> OKEECHOBEE FL 34972		<b>CITY-ST-ZIP</b>	
<b>TITLE</b> PS	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b> MEDELLIN, CELIA		<b>NAME</b>	
<b>STREET ADDRESS</b> 1319 N.W. 36TH STREET		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b> OKEECHOBEE FL 34972		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	
<b>TITLE</b>	<input type="checkbox"/> Delete	<b>TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>		<b>NAME</b>	
<b>STREET ADDRESS</b>		<b>STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>		<b>CITY-ST-ZIP</b>	

<b>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.</b>	
<b>SIGNATURE:</b> <i>Celia Medellin</i>	<b>DATE:</b> 2-21-04