2008 FOR PROFIT CORPORATION

ANNUAL REPORT

DOCUMENT # P03000151657

LOS DOS AMIGOS INC.



Principal Place of Business

Mailing Address

660 S.W. 9TH ST.

660 S.W. 9TH ST.

MIAMI, FL 33130

MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

04302008 No Chg-P CR2E034 (11/05)

FILED

May 23, 2008 08:00 AN Secretary of State

4. FEI Number 20-0494113

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

LINO, JUSTO 660 S.W. 9TH ST. MIAMI, FL 33130

DO NOT WRITE IN THIS SPACE

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the obligat	named entity submits this statement for the p tions of registered agent.	urpose of changing its registered o	ffice or	registered agent, or bo	oth, in the State of Florida. I am familiar with, and accept
SIGNATURE.	Signature typed or printed name of registered agent and little if	applicable (NOTE Registered Age	nt signatur	e required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees		\$5.00 May Be Added to Fees	
10.	OFFICERS AND DIREC				
NAME STREET ADDRESS CITY-ST-ZIP	PD LINO, JUSTO 660 S.W. 9TH ST. #3 MIAMI, FL 33130				U00000952105 06/04/08-80066-023 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CHY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN .	THIS SPACE
TITLE	1777-1875-11				

12. Thereby 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 period 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 truetee 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:

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

105) 642 2000