


**2006 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P04000051003 1. Entity Name LOS CHIU CORPORATION	
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Principal Place of Business 12041 NW 5 AVENUE MIAMI, FL 33168	Mailing Address 12041 NW 5 AVENUE MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent CHIU, CECILIA 12041 NW 5 AVENUE MIAMI, FL 33168
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DO NOT WRITE IN THIS SPACE

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 reissuing) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CHIU, CECILIA 12041 NW 5 AVENUE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V CHIU, ARMANDO 12041 NW 5 AVENUE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T CHIU, MAYKEL 12041 NW 5 AVENUE MIAMI, FL 33168
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

100077787061 03/30/06--90023--049 **150.00 DO NOT WRITE IN THIS SPACE <i>J 7/20</i>

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: <i>[Signature]</i> _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	3-23-06 _____ Date	_____ Daytime Phone #
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FILED

06 JUL 18 PM 3:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**



03042006 No Chg-P CR2E034 (11/05)

4. FEI Number 20-0980491	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required