
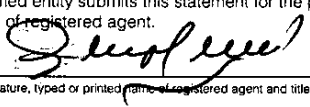
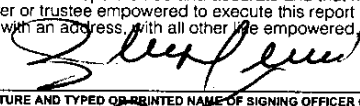


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 28, 2006 8:00 am
Secretary of State

02-28-2006 90011 049 ***150.00

DOCUMENT # P05000072776 1. Entity Name LOS LULOS, INC.					
Principal Place of Business 3219 BENEVA RD APT 203 SARASOTA, FL 34232			Mailing Address 3219 BENEVA RD APT 203 SARASOTA, FL 34232		
2. Principal Place of Business 4246 KING RICHARD LN		3. Mailing Address 4246 King Richard Ln			
Suite, Apt. #, etc. 		Suite, Apt. #, etc. 			
City & State SARASOTA, FL		City & State SARASOTA, FL		4. FEI Number 55-0896871	
Zip 34232		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent BORRERO, JUAN 3219 BENEVA RD APT 203 SARASOTA, FL 34232			7. Name and Address of New Registered Agent Name BORRERO JUAN Street Address (P.O. Box Number is Not Acceptable) 3653 PARKRIDGE Circle City SARASOTA, FL Zip Code 34232		
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  DATE 2/24/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
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		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ORTIZ, LUIS F 630 BUTTONWOOD DR LONGBOAT KEY, FL 34228	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V JARAMILLO, MARIA T 4146 EASTWOOD DR SARASOTA, FL 34232	<input type="checkbox"/> Delete	V JARAMILLO, MARIA T 4246 KING RICHARD LN SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S FRANCO, BEATRIZ E 3908 39TH AVE W BRADENTON, FL 34205	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BORRERO, JUAN 3219 BENEVA RD APT 203 SARASOTA, FL 34232	<input type="checkbox"/> Delete	T BORRERO, JUAN 3653 PARKRIDGE Circle SARASOTA, FL 34232	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CHAVES, FLOR M 2366 DARWIN AVE SARASOTA, FL 34239	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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 information.					
SIGNATURE: 			Date 2/24/06 Daytime Phone # (941)320-6592		