

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 10, 2006 8:00 am**  
**Secretary of State**

04-10-2006 90296 049 \*\*\*150.00

**DOCUMENT # P05000147780**

1. Entity Name  
**LOS AMIGOS MINIMARKET INC.**



Principal Place of Business  
**1294 NW 54TH ST  
MIAMI, FL 33142**

Mailing Address  
**1294 NW 54TH ST  
MIAMI, FL 33142**

2. Principal Place of Business

3. Mailing Address  
**1116 Palm Ave.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State  
**Hialeah FL**

Zip

Country

Zip  
**33010**

Country  
**USA**



02162006 Chg-P CR2E034 (11/05)

4. FEI Number

**20-3745755**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

**TORRES, JOSE G  
8502 NW 198TH TERRACE  
MIAMI, FL 33015**

7. Name and Address of New Registered Agent

Name  
**AMADA D TAVERAS**

Street Address (P.O. Box Number is Not Acceptable)  
**12345 NW 98 WAY**

City  
**Hialeah Garden**

FL

Zip Code  
**33018**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE  
**2/17/06**

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**PTSD  
TAVERAS, AMADA D  
1294 NW 54TH ST  
MIAMI, FL 33142** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☒ Change ☐ Addition  
**12345 NW 98 WAY  
Hialeah Garden, FL 33018**

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

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STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP ☐ Change ☐ 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 like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**AMADA TAVERAS** **2/17/06** **A TAVERAS**

Date

Daytime Phone #

**805-9944**