

**2008 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P06000076949

1. Entity Name
LAS AGUILAS, INC.



Principal Place of Business

12403 S ORANGE BLOSSOM TR
ORLANDO, FL 32837

Mailing Address

PO BOX 48237
SEATTLE, WA 98148

FILED
Jan 28, 2008 08:00 AM
Secretary of State



01162008 No Chg-P CR2E034 (11/05)

4. FEI Number
20-5065320

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301

**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

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

(NOTE: Registered Agent signature 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

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMOS, JOSE L PRES
19404 6TH AVE S
DESMOINES, WA 98148

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMOS, HECTOR L VP
25405 126TH AVE SE
KENT, WA 98031

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
RAMOS, VICTOR L SEC-TRE
4652 S 160TH ST
TUKWILA, WA 98188

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

100000800422
01/31/08-80016-022 150.00

**DO NOT WRITE
IN THIS SPACE**

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

Hector Ramos 01/24/08 (206)243-7021

Date

Daytime Phone #