


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90211 012 ***150.00

DOCUMENT # P06000145281

1. Entity Name
 LOS UNIDOS S.S. CORP



Principal Place of Business
 17320 N.W. 45 CT
 MIAMI GARDENS, FL 33055

Mailing Address
 17320 N.W. 45 CT
 MIAMI GARDENS, FL 33055

60001265



2. Principal Place of Business - No P.O. Box #
 Suite, Apt. #, etc.

3. Mailing Address
 Suite, Apt. #, etc.

01092007 Chg-P CR2E034 (12/06)

City & State

4. FEI Number
 20-5420297

Applied For
 Not Applicable

City & State

Zip Country Zip Country

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 MORALES, SERAFIN
 17320 N.W. 45 CT
 MIAMI GARDENS, FL 33055

7. Name and Address of New Registered Agent
 Name: SERAFIMUNDO GARCIA
 Street Address (P.O. Box Number is Not Acceptable): 17320 NW 45 CT
 City: MIAMI GARDENS FL Zip Code: 33055

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P	MORALES, SERAFIN 17320 N.W. 45 CT MIAMI GARDENS, FL 33055	TITLE VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE VP	GARCIA, SERGIO 17320 N.W. 45 CT MIAMI GARDENS, FL 33055	TITLE PRESIDENT SERAFIMUNDO GARCIA	<input checked="" 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
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
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
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 like empowered.

SIGNATURE: Serafin Morales Date: Jan 9, 2007 (305) 474-3051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ATTACHMENT

60001265

PO6000145281

Florida Sunshine State

CDL CLASS B
G620-780-65-161-0

SEGISMUNDO GARCIA
1466 WASHINGTON AVE APT 210
MIAMI BEACH, FL 33139-0000

DOB: 05-03-1965 SEX: M HGT: 5-09
EXP: 12-30-2005
EXP: 01-2010

DRIVER LICENSE
S050606060336
Operation of a motor vehicle constitutes consent to any sobriety test required by law.