

# 2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000009927

FILED  
Jan 12, 2012  
Secretary of State

Entity Name: CHINO LATINO, INC.

**Current Principal Place of Business:**

11633 UNIVERSITY BOULEVARD  
ORLANDO, FL 328172122 US

**New Principal Place of Business:**

**Current Mailing Address:**

133 SW 158TH ST.  
SEATTLE, WA 98166

**New Mailing Address:**

15735 AMBAUM BLVD. SW  
BURIEN, WA 98166

FEI Number: 27-1832825

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RAMOS, ARMANDO  
11633 UNIVERSITY BOULEVARD  
ORLANDO, FL 328172122 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD  
Name: RAMOS, HECTOR  
Address: 15735 AMBAUM BLVD. SW  
City-St-Zip: BURIEN, WA 99166

Title: DTR  
Name: RAMOS, ARMANDO  
Address: 11633 UNIVERSITY BLVD.  
City-St-Zip: ORLANDO, FL 32817

Title: VP  
Name: RAMOS, JOSE LUIS  
Address: 15735 AMBAUM BLVD. SW  
City-St-Zip: BURIEN, WA 98166

Title: VP  
Name: PRECIADO, ATENOGENES  
Address: 15735 AMBAUM BLVD. SW  
City-St-Zip: BURIEN, WA 98166

Title: STD  
Name: RAMOS, VICTOR  
Address: 15735 AMBAUM BLVD. SW  
City-St-Zip: BURIEN, WA 98166

Title: VP  
Name: RAMOS, ARMANDO  
Address: 11633 UNIVERSITY BLVD  
City-St-Zip: ORLANDO, FL 32817

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HECTOR RAMOS

PRES

01/12/2012

Electronic Signature of Signing Officer or Director

Date