2012 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P10000014190

Entity Name: LAS AGUILAS II, INC.

FILED Jan 12, 2012 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1960 STATE ROUTE 44

SUITE 19

NEW SMYRNA BEACH, FL 32169 US

New Mailing Address: Current Mailing Address:

1960 STATE ROUTE 44

SUITE 19

NEW SMYRNA BEACH, FL 32169 US

FEI Number: 27-1972569 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

RAMOS, ARMANDO 1960 STATE ROUTE 44

SUITE 19

NEW SMYRNA BEACH, FL 32169 US

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:

Name: RAMOS, JOSE L

15735 AMBAUM BLVD. SW Address: City-St-Zip: BURIEN, WA 98166 US

Title: VPD

RAMOS, ARMANDO Name:

1960 STATE ROUTE 44, SUITE 19 Address: NEW SMYRNA BEACH, FL 32169 US City-St-Zip:

SECD Title:

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

Title: TR/D

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

Title: DTR

Name: LOPEZ, PEDRO

15735 AMBAUM BLVD. SW Address: City-St-Zip: **BURIEN, WA 98166**

Title: DTR

PRECIADO, ANTENOGENES Name: Address: 15735 AMBAUM BLVD, SW City-St-Zip: BURIEN, WA 98166

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: JOSE L. RAMOS **PRES** 01/12/2012