

**2007 FOR PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 19, 2007 08:00 AM
Secretary of State

DOCUMENT # P93000023979
1. Entity Name
LOS BUENOS PRECIOS FABRICS, INC.



Principal Place of Business 3445 E 4TH AVE HIALEAH, FL 33013	Mailing Address 3445 E 4TH AVE HIALEAH, FL 33013
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DO NOT WRITE IN THIS SPACE



04062007 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0408671	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

SAN JUAN, GLADYS
3445 E 4TH AVE
HIALEAH, FL 33013

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

**FILE NOW!!! FEE IS \$150.00
After May 1, 2007 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	P SAN JUAN, GLADYS 3445 E 4TH AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MARTINEZ, JACKIE 3445 E 4TH AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T MARTINEZ, FRANK 3445 E 4TH AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S SAN JUAN, URBANO 3445 E 4TH AVE HIALEAH, FL 33013
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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04/30/07-80005-011 150.00

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: Jaqueline Martinez 4-14-07 (305) 836-1120
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #