2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED **DOCUMENT # P97000079898** Mar 02, 2006 08:00 AM **Secretary of State** LOS AUTENTICOS CORP. Principal Place of Business Mailing Address 2745 NW 82ND AVE 2400 WEST 2ND AVENUE, BAY #2 HIALEAH, FL 33010 MIAMI, FL 33122 02012006 No Chg-P CR2E034 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 52-2104015 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent ARRASTIA, GRISELLE C DO NOT WRITE 3720 S.W. 133 CT. MIAMI, FL 33186 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, 2006 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE ARRASTIA, GRISELLE G NAME STREET ADDRESS 2745 NW 82ND AVE City_St.7IP MIAMI, FL 33122 TITLE U00000453793 NAME 113/14/06-80036-015 150.00 STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP ШÉ IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS City-ST-ZIP TITLE NAME STREET ADDRESS

12. I hereby certify that the information supplied with this filling 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 processor or trustee empowered to Recute 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:

NATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

805-207-2642 Daytime Phone #