

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90156 005 ***150.00

DOCUMENT # P97000096814																																																																											
1. Entity Name LOS COMPADRES, INC.																																																																											
Principal Place of Business 2800 SANTA BARBARA BLVD NAPLES, FL 34116 US			Mailing Address 2800 SANTA BARBARA BL NAPLES, FL 34116 US																																																																								
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Suite, Apt. #, etc.		Suite, Apt. #, etc.																																																																									
City & State		City & State		4. FEI Number 65-0791302																																																																							
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required																																																																							
6. Name and Address of Current Registered Agent GERALD MUNOZ 2301 HUNTER BLVD NAPLES, FL 34116				7. Name and Address of New Registered Agent Name RODRIGO GARCIA Street Address (P.O. Box Number is Not Acceptable) 2800 SANTA BARBARA BLVD City NAPLES FL Zip Code 34116																																																																							
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 <u><i>Rodriguez Garcia</i></u> DATE <u>4-28-06</u> <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)</small>																																																																											
FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees																																																																								
10. OFFICERS AND DIRECTORS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Delete <input checked="" type="checkbox"/></td> </tr> <tr> <td></td> <td>MUNOZ, GERARDO</td> <td>120 14 AVE., N.E.</td> <td>NAPLES, FL 34120</td> <td></td> </tr> <tr> <td></td> <td>GARCIA, RODRIGO</td> <td>2800 SANTA BARBARA BLVD.</td> <td>NAPLES, FL 34116</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td>VASQUEZ, MARTIN</td> <td>18364 ORIOLE RD.</td> <td>FT. MYERS, FL 33912</td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td style="text-align: right;">Delete <input type="checkbox"/></td> </tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete <input checked="" type="checkbox"/>		MUNOZ, GERARDO	120 14 AVE., N.E.	NAPLES, FL 34120			GARCIA, RODRIGO	2800 SANTA BARBARA BLVD.	NAPLES, FL 34116	Delete <input type="checkbox"/>		VASQUEZ, MARTIN	18364 ORIOLE RD.	FT. MYERS, FL 33912	Delete <input type="checkbox"/>					Delete <input type="checkbox"/>					Delete <input type="checkbox"/>					Delete <input type="checkbox"/>	11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:10%;">TITLE</td> <td style="width:40%;">NAME</td> <td style="width:10%;">STREET ADDRESS</td> <td style="width:10%;">CITY-ST-ZIP</td> <td style="width:10%; text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></td> </tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </table>			TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change <input type="checkbox"/> Addition <input type="checkbox"/>																														
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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: <u><i>Rodriguez Garcia</i></u>				(239) 353-4420 Date Daytime Phone #																																																																							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR																																																																											