



**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P99000099323</b> 1. Entity Name LOS COMALES, CORP.		
Principal Place of Business 3495 NORTH DIXIE HWY. OAKLAND PARK, FL 33334 US		Mailing Address 3495 NORTH DIXIE HWY. OAKLAND PARK, FL 33334 US
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  DOMINGUEZ, MIGUEL 2844 SW 26TH STREET MIAMI, FL 33133		<b>DO NOT WRITE IN THIS SPACE</b>
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>		
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE	PSTD	
NAME	DOMINGUEZ, MIGUEL	
STREET ADDRESS	2844 SW 26TH STREET	
CITY - ST - ZIP	MIAMI, FL 33133	
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		



04252006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-0988494	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

U00000564340  
05/20/06-80060-008 150.00

**DO NOT WRITE  
IN THIS SPACE**