## 2006 FOR PROFIT CORPORATION ANNUAL REPORT

## FILED Jan 18, 2006 08:00 AM Secretary of State

ANNOAL REPORT								oan ro,			
DOCUMENT # \$45416  i. Entity Name LOS ARRIEROS, INC.								Secr	etary (	of Sta	ıte
Principal Plac	e of Business		Ma	ailing Address							
Principal Place of Business  10995 SW 40TH ST  MAMI, FL 33165  Mailing Address  10995 SW 40TH ST  MAMI, FL 33165  MAMI, FL 33165							1 (95%)(010 )	1 W1004 W7144 W7W04 17W70	### <b># ##</b>	Minit nene nen	u
2. Principal P	lace of Busine	ss .	3. 1	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.				01112006	Chg-P	CR2E03	4 (11/05)	
City & State			City & State			· · <del>-</del>	4. FEI Numb 65-027			<del></del>	oplied For Applicable
Zip		Country	}	Zip	Coun	try		of Status Desired	F	8.75 Add ee Require	
6. Name and Address of Current Registered Agent							7. Name and	Address of New	Registered A	gent	
N <sub>1</sub>											
	MARIASOL 1 40TH ST 1 33165						Street Address (P.O. Box Number is Not Acceptable)				
}						City		· · · · · · · · · · · · · · · · · · ·	FL	Zip Cod	e
8 The shree	named entity	submits this statem	ent for the n	uroose of changing its	s regulater	ed office or rec	sistered agent or he	oth, in the State of		millar with	and accent
<ol> <li>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.</li> </ol>											
SIGNATURE.	Signature, typed or	printed name of registered	d agant and title i	fapplicable. (NO	TE: Registers	d Agem signature re	equired when reinstating)	<u>, <u>u</u> .</u>	DATE	<del>`</del>	<del></del>
		FEE 18 \$150.0 Fee will be \$		9. Election Camps Trust Fund Con			\$5.00 May Be Added to Fees				
10.		OFFICERS	AND DIREC	TORS	11.		ADDITIONS	/CHANGES TO O	FFICERS AND	DIRECTOR	S IN 11
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NAME	TEJADA, MARIASOL			NAME				UNDAN	0390404		
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<b>12.</b> 1 hereby	certify that the	information supplie	d with this fi	ling does not qualify fand accurate and that	or the ex	emptions conta	ained in Chapter 11	9, Florida Statutes	. I further certif	y that the in	formation
∫ of the col	rooration or the	receiver or trustee	ampowered	d to exacute this repor	t as requi	iture shall have ired by Chapte	i ine same legal effe ir 607, Florida Statut	ct as it made unde es; and that my ha	er oatn; that I at ime appears in	n an officer Block 10 o	or director Block 11 if
changed	l, or on an attac	chmeat with an add	ress, with all	other like empowered	10-	:a )	T	aleta 1	01 3	21 11	コル
SIGNAT	TURE: _	SIGNATURE AND TYPE	ED OR PRINTED	NAME OF SIGNING OFFICE	CAN R OR DIREC	14501 TOR	RIADA	U1/11/06 (	(NS) de	ytime Phone #	<u> </u>
1				<b>~</b> .				ALC: 1			*. * /