


**FOR PROFIT CORPORATION
2003 UNIFORM BUSINESS REPORT (UBR)**

**FILED
Apr 25, 2003 8:00 am
Secretary of State**

04-25-2003 90247 045 ***150.00

DOCUMENT # 5 59752
1. Entity Name
Los Arlos Floridianos, INC



DO NOT WRITE IN THIS SPACE

11017305

2. Principal Place of Business
601 SW. 12 AVE
Suite, Apt. #, etc.

3. Mailing Address
271 N.W. 64 AVE
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
MIAMI - FL

City & State
MIAMI - FL

4. FEI Number
65-0266500

Applied For:
 Not Applicable

Zip
33126

Country
U.S.A

Zip
33126

Country
U.S.A

5. Certificate of Status Desired **\$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
MIGUEL REYES

Street Address (P.O. Box Number is Not Acceptable)
271 N.W. 64 AVENUE

City
MIAMI FL Zip Code
33126

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

January 1 - May 1 Fee is \$150.00
After May 1, Fee is \$550.00
Amended UBR is \$61.25
Make Check Payable to Florida Department of State

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	<u>P/S/D MIGUEL REYES 271 N.W. 64 AVENUE MIAMI - FL 33126</u>
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CR2E0348 (12/02)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 on an attachment with an address, with all other like empowered.

SIGNATURE: Miguel Reyes MIGUEL REYES 03-27-03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #