2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2007 08:00 A
Secretary of State

DOCUMENT # V27372

1. Entity Name
LOS LATINOS MAGAZINE, INC.

Principal Place of Business	Mailing Address
138 E. HIALEAH DRIVI HIALEAH, FL 33010	138 E. HIALEAH DRIVE HIALEAH, FL 33010

01042007 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0324429

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

VILCHEZ, LUIS E
138 E HIALEAH DRIVE
HIALEAH, FL 33010

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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 Name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

U00000579810
01/10/07-80021-021 150.00

FILE NOW!!! FEE IS $150.00
After May 1, 2007 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	VILCHEZ, LUIS E
STREET ADDRESS	138 E. HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	STD
NAME	FALKOWSKI, LUZ
STREET ADDRESS	138 E. HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	TD
NAME	VILCHEZ, LUIS E.
STREET ADDRESS	138 E. HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH FL
TITLE	SD
NAME	FALKOWSKI, LUZ
STREET ADDRESS	138 E. HIALEAH DRIVE
CITY-ST-ZIP	HIALEAH, FL 33010
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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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 attached sheet with an address, with all other like empowered.

SIGNATURE: Luz Falkowski (LUZ FALKOWSKI) 01/05/2007 305-882 9074
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #