

2008 FOR PROFIT CORPORATION
ANNUAL REPORT

FILED
Jan 28, 2008 08:00 A
Secretary of State

DOCUMENT # V27372 1. Entity Name LOS LATINOS MAGAZINE, INC.	
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Principal Place of Business 138 E. HIALEAH DRIVE HIALEAH, FL 33010	Mailing Address 138 E. HIALEAH DRIVE HIALEAH, FL 33010
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DO NOT WRITE IN THIS SPACE



01242008 No Chg-P CR2E034 (11/05)

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	DO NOT WRITE IN THIS SPACE
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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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

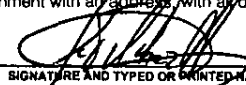
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD VILCHEZ, LUIS E 138 E. HIALEAH DRIVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD FALKOWSKI, LUZ 138 E. HIALEAH DRIVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD VILCHEZ, LUIS E. 138 E. HIALEAH DRIVE HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD FALKOWSKI, LUZ 138 E. HIALEAH DRIVE HIALEAH, FL 33010
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

U00000803295
02/05/08-80019-015 150.00

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: 	01/24/2008 305-8829079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date Daytime Phone #