


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90309 011 ***158.75

DOCUMENT # P02000057781

1. Entity Name
EL COLORIDO INC.



Principal Place of Business 380 S. STATE ROAD 434 SUITE 1004-363 ALTAMONTE SPRINGS, FL 32714	Mailing Address 380 S. STATE ROAD 434 SUITE 1004-363 ALTAMONTE SPRINGS, FL 32714
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20050046



2. Principal Place of Business <i>3859 Wekiva Springs Rd</i>	3. Mailing Address <i>3859 Wekiva Springs Rd</i>
Suite, Apt. #, etc. <i>Suite # 340</i>	Suite, Apt. #, etc. <i>Suite # 340</i>

04152005 Chg-P CR2E034 (10/03)

City & State <i>Longwood, Florida</i>	City & State <i>Longwood Florida</i>
Zip <i>32779</i>	Zip <i>32779</i>
Country <i>Seminole</i>	Country <i>Seminole</i>

4. FEI Number 27-0013687	Applied For Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent

CAIN, RANDY L -
121 BERKSHIRE CIR. EAST
LONGWOOD, FL 32779

7. Name and Address of New Registered Agent

Name _____
 Street Address (P.O. Box Number is Not Acceptable) _____
 City **FL** Zip Code _____

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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE P <input type="checkbox"/> Delete	NAME CAIN, RANDY L	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 121 BERKSHIRE CIR. EAST	CITY-ST-ZIP LONGWOOD, FL 32779	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE V <input type="checkbox"/> Delete	NAME CAIN, SUSAN M	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS 121 BERKSHIRE CIR. EAST	CITY-ST-ZIP LONGWOOD, FL 32779	NAME	
		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete	NAME	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS		NAME	
CITY-ST-ZIP		STREET ADDRESS	
		CITY-ST-ZIP	

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Randy L Cain* **Randy L Cain** *4-15-05* **407-788-0571**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #