

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P02000119690

Entity Name: EL REY DEL CHIVITO CORP.

FILED  
Jan 10, 2007  
Secretary of State

**Current Principal Place of Business:**

2355 NE 209TH STREET  
MIAMI, FL 33180

**New Principal Place of Business:**

6987 COLLINS AVENUE  
MIAMI BEACH, FL 33141

**Current Mailing Address:**

2355 NE 209TH STREET  
MIAMI, FL 33180

**New Mailing Address:**

20533 BISCAYNE BLVD  
SUITE 1128  
AVENTURA, FL 33180

FEI Number: 81-0579682

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

WOLFSON, ARON  
2355 NE 209TH STREET  
MIAMI, FL 33180 US

**Name and Address of New Registered Agent:**

WOLFSON, ARON  
20533 BISCAYNE BLVD  
SUITE 1128  
MIAMI, FL 33180 US

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.

SIGNATURE: ARON WOLFSON

01/10/2007

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P ( ) Delete  
Name: WOLFSON, ARON  
Address: 2355 NE 209TH STREET  
City-St-Zip: MIAMI, FL 33180

Title: D (X) Delete  
Name: WOLFSON, RAQUEL R.ASPIS D  
Address: 2355 NE 209 STREET  
City-St-Zip: MIAMI, FL 33180

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DIR (X) Change ( ) Addition  
Name: RAQUEL ASPIS, WOLFSON  
Address: 20533 BISCAYNE BLVD SUITE 1128  
City-St-Zip: MIAMI, FL 33180 US

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RAQUEL ASPIS WOLFSON

DIR

01/10/2007

Electronic Signature of Signing Officer or Director

Date