


#150

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
04 MAY -6 AM 8:00

DOCUMENT # P02000126703

1. Entity Name  
EL MORRO CORP.



Principal Place of Business  
1101 BRICKELL AVE STE 1400  
MIAMI, FL 33131

Mailing Address  
1101 BRICKELL AVE STE 1400  
MIAMI, FL 33131

2. Principal Place of Business  
1401 BRICKELL AVE.  
Suite, Apt. #, etc.  
SUITE 825  
City & State  
MIAMI, FLORIDA  
Zip  
33131 Country  
USA

3. Mailing Address  
1401 BRICKELL AVE.  
Suite, Apt. #, etc.  
SUITE 825  
City & State  
MIAMI, FLORIDA  
Zip  
33131 Country  
USA



01142004 Chg-P CR2E034 (10/03) MRS

4. FEI Number  
16-1642043

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

6. Name and Address of Current Registered Agent  
SANCHEZ-ABALLI, RAFAEL ESQ.  
1101 BRICKELL AVE STE 1400  
MIAMI, FL 33131

7. Name and Address of New Registered Agent  
Name  
SANCHEZ-ABALLI, RAFAEL  
Street Address (P.O. Box Number is Not Acceptable)  
1401 BRICKELL AVE, STE. 825  
City  
MIAMI FL Zip Code  
33131

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 4/29/04

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, 2004 Fee will be \$550.00**

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN MATRA, JOSE A 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN MATRA, JOSE A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 BRICKELL AVE, STE. 825, MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN CRUZAT, NICOLAS 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GUZMAN MATRA, NICOLAS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 BRICKELL AVE, STE. 825, MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRAIN DOGGENWEILER, JUAN A 1101 BRICKELL AVE STE 1400 MIAMI, FL 33131 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LARRAIN DOGGENWEILER, JUAN A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1401 BRICKELL AVE, STE. 825, MIAMI, FL 33131
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 of the same 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: Alvin Faust DATE: 4/29/04 (385) 373-0330

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #