

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05-20-05 01010 011 \$ 1,275.00 - 150.00



02082005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # P02000126703</b> 1. Entity Name <b>EL MORRO CORP.</b>			
Principal Place of Business <b>1401 BRICKELL AVE SUITE 825 MIAMI, FL 33131</b>		Mailing Address <b>1401 BRICKELL AVE SUITE 825 MIAMI, FL 33131</b>	
2. Principal Place of Business <b>801 BRICKELL AVE. SUITE 2380</b>		3. Mailing Address <b>801 BRICKELL AVE. SUITE 2380</b>	
Suite, Apt. #, etc. <b>SUITE 2380</b>		Suite, Apt. #, etc. <b>SUITE 2380</b>	
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FLORIDA</b>	
Zip Country <b>33131 USA</b>		Zip Country <b>33131 USA</b>	
4. FEI Number <b>16-1642043</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent <b>SANCHEZ-ABALLI, RAFAEL 1401 BRICKELL AVE SUITE 825 MIAMI, FL 33131</b>		7. Name and Address of New Registered Agent Name <b>TTM SERVICE LLC</b> Street Address (P.O. Box Number is Not Acceptable) <b>801 BRICKELL AVENUE, STE. 2380</b> City <b>MIAMI</b> <b>FL</b> Zip Code <b>33131</b>	
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 <b>RAFAEL SANCHEZ-ABALLI</b> <i>[Signature]</i> <b>PRESIDENT</b> DATE <b>4/29/05</b> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-appointing)</small>			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> 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 <input type="checkbox"/> Delete <b>GUZMAN MATTA, JOSE A 1401 BRICKELL AVE STE 825 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 BRICKELL AVE., STE. 2380 MIAMI, FLORIDA 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>GUZMAN MATTA, NICOLAS 1401 BRICKELL AVE STE 825 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>GUZMAN CRUZAT, NICOLAS 801 BRICKELL AVE., STE. 2380 MIAMI, FLORIDA 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D <input type="checkbox"/> Delete <b>LARRAIN DOGGENWEILER, JUAN A 1401 BRICKELL AVE STE 825 MIAMI, FL 33131</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>801 BRICKELL AVE., STE. 2380 MIAMI, FLORIDA 33131</b>
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 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 information.			
SIGNATURE: <b>RAFAEL SANCHEZ-ABALLI</b> <i>[Signature]</i> <b>ATTORNEY IN FACT</b> DATE <b>4/29/05</b> (352) 779-5041 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Daylife Phone #	