


2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED
AND
FILED

06 MAY 15 PM 12:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RSC

DOCUMENT # P02000126703 1. Entity Name EL MORRO CORP.	
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Principal Place of Business 801 BRICKELL AVE SUITE 2380 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE SUITE 2380 MIAMI, FL 33131
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04282006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 445 GERONA AVE Suite, Apt. #, etc.	3. Mailing Address 445 GERONA AVE Suite, Apt. #, etc.
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City & State CORAL GABLES FL Zip 33146	City & State CORAL GABLES FL Zip 33146
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4. FEI Number 16-1642043	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

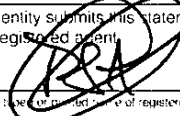
6. Name and Address of Current Registered Agent

TTK SERVICE LLC
 801 BRICKELL AVE
 SUITE 2380
 MIAMI, FL 33131

7. Name and Address of New Registered Agent

Name: **RABEEL S. SANCHES-ABALLI PA**
 Street Address (P.O. Box Number is Not Acceptable):
445 GERONA AVE
 City: **CORAL GABLES FL** Zip Code: **33146**

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:  **President** DATE: **4-26-06**

Signature (Name of the registered agent and title if applicable) (NOTE: Registered Agent signature required when reappointing) DATE

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 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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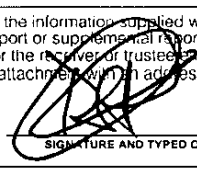
10. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Delete
	GUZMAN MATTA, JOSE A 801 BRICKELL AVE, STE 2380 MIAMI, FL 33131	<input type="checkbox"/>
	GUZMAN CRUZAT, NICOLAS 801 BRICKELL AVE, STE 2380 MIAMI, FL 33131	<input type="checkbox"/>
	LARRAIN DOGGENWEILER, JUAN A 801 BRICKELL AVE, STE 2380 MIAMI, FL 33131	<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	445 GERONA AVE CORAL GABLES FL 33146	<input checked="" type="checkbox"/>
	445 GERONA AVE CORAL GABLES FL 33146	<input checked="" type="checkbox"/>
	445 GERONA AVE CORAL GABLES FL 33146	<input checked="" type="checkbox"/>
		<input type="checkbox"/>
		<input type="checkbox"/>
	900075471949 05/30/06--01004--025 **2225.00	<input type="checkbox"/>
		<input type="checkbox"/>

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:  **Officer** DATE: **4-26-06** PHONE: **305-779-5041**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #