

2004 FOR PROFIT CORPORATION ANNUAL REPORT

4/19

FILED
Jul 27, 2004 8:00 am
Secretary of State

04-19-2004 90417 006 ***150.00

66430707



DOCUMENT # P0300066619			
1. Entity Name EILAZ HOME INC.			
Principal Place of Business 12300 SW 31ST STREET MIAMI, FL 33186- 33175 (LG)		Mailing Address 12300 SW 31ST STREET MIAMI, FL 33186 33175 (LG)	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number 01-0790719		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		7. Name and Address of New Registered Agent	
GONZALEZ, LAZARO E 13270 SW 58TH TERRACE #3 MIAMI, FL 33183		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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renouncing)</small>			
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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 GONZALEZ, LAZARO E 12300 SW 31ST STREET MIAMI, FL 33186 <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
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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:		Date	Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

Attachment
66430707

July 22, 2004

Florida Department of State
Division Of Corporations
P.O. Box 6198
Tallahassee, Fl 32314

Re: Document # P03000066619

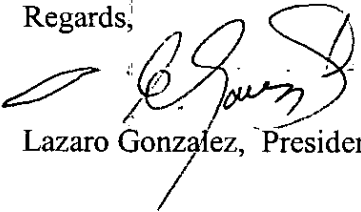
To whom it may concern,

Please be advised we had originally sent our Annual Report form on time, however forgot to sign the form. We did not realize this until recently. Please process this form to bring our account current.

We assure you it will not happen again and if you have any questions please call me at 786 301-2821.

Thank you for your assistance and we look forward to a favorable response.

Regards,



Lazaro Gonzalez, President