

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

APPROVED  
AND  
FILED

06 MAY 15 AM 11:56

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BSC*

<b>DOCUMENT # P05000003947</b> 1. Entity Name EL HUALLE 1 CORP.	
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Principal Place of Business 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
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2. Principal Place of Business 445 GERONA AVE Suite, Apt. #, etc.	3. Mailing Address 445 GERONA AVE Suite, Apt. #, etc.
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04282006 Chg-P CR2E034 (11/05)

City & State CORAL GABLES FL Zip 33146	Country	City & State CORAL GABLES FL Zip 33146	Country
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4. FCI Number 51-0533534	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent  TTK SERVICE LLC 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
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7. Name and Address of New Registered Agent  Name RAFAEL J. SANCHEZ-ABALLI PA Street Address (P.O. Box Number is Not Acceptable) 445 GERONA AVE  City CORAL GABLES FL Zip 33146
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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	4.26.06

**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	D <input type="checkbox"/> Delete GUZMAN MATTA, JOSE ANTONIO 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
TITLE	D <input type="checkbox"/> Delete DOGGENWEILER, JUAN LARRAIN 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
TITLE	D <input type="checkbox"/> Delete MATTA, ALFONSO GUZMAN 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
TITLE	D <input type="checkbox"/> Delete CRUZAT, NICOLAS GUZMAN 801 BRICKELL AVE., STE. 2380 MIAMI, FL 33131
TITLE	<input type="checkbox"/> Delete
TITLE	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 GERONA AVE CORAL GABLES FL 33146
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 GERONA AVE CORAL GABLES FL 33146
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 445 GERONA AVE CORAL GABLES FL 33146
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TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:	Atty in Fact	4.26.06	305.779.5041
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #