


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # P93000070629</b> 1. Entity Name <b>E.L.R.E.H. CORPORATION</b>	
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Principal Place of Business <b>1770 SW 8 ST MIAMI, FL 33135</b>	Mailing Address <b>1770 SW 8 ST MIAMI, FL 33135</b>
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DO NOT WRITE IN THIS SPACE

FILED

04 APR -9 PM 12:02

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



01062004 No Chg-P CR2E034 (10/03)

4. FEI Number <b>65-0460495</b>	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

6. Name and Address of Current Registered Agent

**CASTILLO, ALVARO E  
1390 BRICKELL AVE  
STE 200  
MIAMI, FL 33131**

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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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$350.00

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

10. OFFICERS AND DIRECTORS

TITLE	D	<b>RUIZ, ENRIQUE 1390 BRICKELL AVE STE 200 MIAMI, FL</b>
TITLE	D	<b>RUIZ, ROBERTO 1390 BRICKELL AVE STE 200 MIAMI, FL</b>
TITLE	D	<b>RUIZ, HORACIO 1390 BRICKELL AVE STE 20 MIAMI, FL</b>
TITLE	D	<b>RUIZ, EDUARDO 1390 BRICKELL AVE STE 200 MIAMI, FL</b>
TITLE		
TITLE		

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04/15/04--01043--004 \*\*163.75

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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: **4-5-04** (305) 541-7841

SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR