


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2005 08:00 AM
Secretary of State

DOCUMENT # P93000070629
 1. Entity Name
 E.L.R.E.H. CORPORATION



Principal Place of Business 1770 S.W. 8TH STREET MIAMI, FL 33135	Mailing Address 1770 S.W. 8TH STREET MIAMI, FL 33135
--	--

DO NOT WRITE IN THIS SPACE



02242005 No Chg-P CR2E034 (10/03)

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

6. Name and Address of Current Registered Agent
 CASTILLO, ALVARO E
 1390 BRICKELL AVE
 SUITE 200
 MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
---	--

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, ENRIQUE 1390 BRICKELL AVE STE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, ROBRETO 1390 BRICKELL AVE STE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, HORACIO 1390 BRICKELL AVE STE 20 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUIZ, EDUARDO 1390 BRICKELL AVE STE 200 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000248815
 03/02/05-80044-016 163.75

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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: 2-24-05 Daytime Phone #: 305-541-7841