


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2006 8:00 am
Secretary of State

02-24-2006 90017 031 ***163.75

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1. Entity Name
 E.L.R.E.H. CORPORATION



Principal Place of Business Mailing Address

1770 S.W. 8TH STREET 1770 S.W. 8TH STREET
 MIAMI, FL 33135 MIAMI, FL 33135

DO NOT WRITE IN THIS SPACE



02152006 No Chg-P CR2E034 (11/05)

4. FEI Number Applied For
 65-0460495 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CASTILLO, ALVARO E
 1390 BRICKELL AVE
 SUITE 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 title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00
After May 1, 2006 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS

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

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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:  2-15-06 305-649-1102
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #