

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P96000066488

FILED  
Apr 29, 2004  
Secretary of State

Entity Name: EL POLO XIX CORP.

**Current Principal Place of Business:**

3505 SO. OCEAN DR.  
3-B  
HOLLYWOOD, FL 33019

**New Principal Place of Business:**

**Current Mailing Address:**

3505 SO. OCEAN DR.  
3-B  
HOLLYWOOD, FL 33019

**New Mailing Address:**

FEI Number: 65-0692741      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

ESTEVEZ, AIDA  
7440 S.W. 136 ST.  
MIAMI, FL 33156

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DP ( ) Delete  
Name: ESTEVEZ, AIDA  
Address: 7440 S.W. 136 ST  
City-St-Zip: MIAMI, FL 33156

Title: VP ( ) Delete  
Name: ESTEVEZ, ULISES  
Address: 7440 S.W. 136 ST.  
City-St-Zip: MIAMI, FL 33156

Title: D ( ) Delete  
Name: LADNER, ANALIA  
Address: 3505 SO. OCEAN DR., #3-B  
City-St-Zip: HOLLYWOOD, FL 33019

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: AIDA ESTEVEZ

DP

04/29/2004

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date