## 2007 FOR PROFIT CORPORATION ANNUAL REPORT

## MNUAL REPORT DOCUMENT # 222199

1. Entity Name EL LEJOS INC

FILED Sep 06, 2007 08:00 Al Secretary of State

Principal Place of Business

5979 N W 37TH ST VIRGINIA GARDENS, FL 33166 US Mailing Address

C/O DANIEL MULLER 18431 SW 210TH ST. MIAMI, FL 33187 US



08212007

No Chg-P

CR2E034 (11/05)

4. FEI Number 59-1115956

Applied For Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

DO NOT WRITE IN THIS SPACE

ROBBINS, ROBERTA E ESQ. 7800 RED ROAD SUITE 117 SOUTH MIAM!, FL 33143

## DO NOT WRITE IN THIS SPACE

	named entity submits this statement for thions of registered agent.	ne purpose of changing its registere	ed office or r	egistered agent, or bo	th, in the State of Florida. I am familiar with, and accept
SIGNATURE.					
	Signature, typed or printed name of registered agent and	tille if applicable (NOTE Registered	1 Agent signature	required when reinstating)	DATE
FILE NOW!!! FEE IS \$150.00 Due by September 14, 2007		9. Election Campaign Finan     Trust Fund Contribution.	cing	\$5.00 May Be Added to Fees	In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10.	OFFICERS AND DI	RECTORS	<b>I</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PVSD MULLER, DANIEL 18431 S.W. 210TH STREET MIAMI, FL 33187				Baaaaaaaa
TITLE NAME STREET ADDRESS CITY-ST-ZIP					U00000773433 09/06/07-80003-006 158.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP				DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP				IN '	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME				•	

12. Thereby certify that the information supplied with this filling 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 of tristee empowered to execute this report as required by Chapter 697 Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter 697 Florida Statutes; and that my name appears in Block 10 or Block 11 if

SIGNATURE: #

STREET ADDRESS CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Qaia Davime Phone

305-405-0796