

2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 10, 2004 8:00 am
Secretary of State

03-10-2004 90035 001 ***300.00

DOCUMENT # 381870
 1. Entity Name
EL DORADO FURNITURE CORPORATION



Principal Place of Business Mailing Address
4200 NW 167TH ST **4200 NW 167TH ST**
MIAMI GARDENS FL 33054 **MIAMI GARDENS FL 33054**

66403203



MOORE CR2E034 (11/03)

2. Principal Place of Business 3. Mailing Address
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number Applied For
59-1350886 Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
CAPO, LUIS E.
4200 N.W. 167 STREET
MIAMI GARDENS FL 33054

7. Name and Address of New Registered Agent
 Name: **Leslie L. Florea**
 Street Address (P.O. Box Number is Not Acceptable): **782 N.W. Le Jeune Road**
 Suite: **350**
 City: **MIAMI** State: **FL** Zip Code: **33126**

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: **Leslie L. Florea, Esq** DATE: **2/24/04**

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00
Make Check Payable to Florida Department of State

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

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	CAPO, MANUEL M	
STREET ADDRESS	4200 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	CAPO, CARLOS	
STREET ADDRESS	4200 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE	PD	<input type="checkbox"/> Delete
NAME	CAPO, LUIS E.	
STREET ADDRESS	4200 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE	DT	<input type="checkbox"/> Delete
NAME	CAPO, JULIO C	
STREET ADDRESS	4200 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CAPO, PEDRO A	
STREET ADDRESS	4200 N.W. 167 STREET	
CITY-ST-ZIP	MIAMI GARDENS FL 33054	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

SIGNATURE: **LUIS CAPO** Date: **2/24/04** Daytime Phone #: **305-621-9200**