2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 16, 2005
Secretary of State

DOCUMENT# 405037

Entity Name: EL CID LOUNGE AND PACKAGE, INC.

Current Principal Place of Business:

800 NORTH CHARLESTON AVENUE
FT. MEADE, FL 33841 US

New Principal Place of Business:

Current Mailing Address:

800 NORTH CHARLESTON AVENUE
FT. MEADE, FL 33841 US

New Mailing Address:

FEI Number: 59-1432391 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PRICE, LISA
800 N CHARLESTON
FT MEADE, FL 33841 US

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: PD ( ) Delete
Name: PRICE, LISA
Address: 700 M CLEVELAND AVE
City-St-Zip: FT MEADE, FL 33841

Title: VD ( ) Delete
Name: PRICE, SCOTT
Address: 700 N CLEVELAND AVE
City-St-Zip: FT MEADE, FL 33841

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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: LISA PRICE PD 04/16/2005

Electronic Signature of Signing Officer or Director Date